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ABSTRACT

The guide is intended to provide information to administrators and regional and local case study committees on special education procedures within Department of Defense Dependents Schools (DoDDS). The manual addresses a step-by step approach from referral to the implementation of individualized education programs (IEP). The following topics are covered: (1) case study committees (roles and responsibilities); child find (in-school activities); prereferral procedures (screening); processing the referral (role of case managers); assessment (procedural requirements); eligibility (determination); developing the IEP (parental participation, vocational education); reviewing the IEP (graduation, transfer procedures); special education service delivery (least restrictive environment, placement procedures); related services (transportation for diagnostic and evaluation purposes); other program options (preschool programs, hospital and homebound services); procedural safeguards (due process, generalized complaints); disciplinary procedures (emergency suspension); monitoring special education; special education service providers (paraprofessional functions); physical education for handicapped students; serving handicapped students in career and vocational education programs; regional guidelines; and special education census. Appendices include an index of student needs, and a variety of sample forms, including teacher evaluation forms, prereferral report form, and the assessment plan form. (CL)

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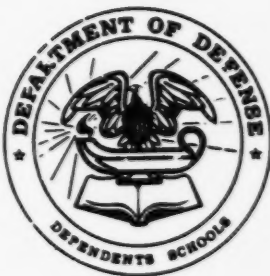
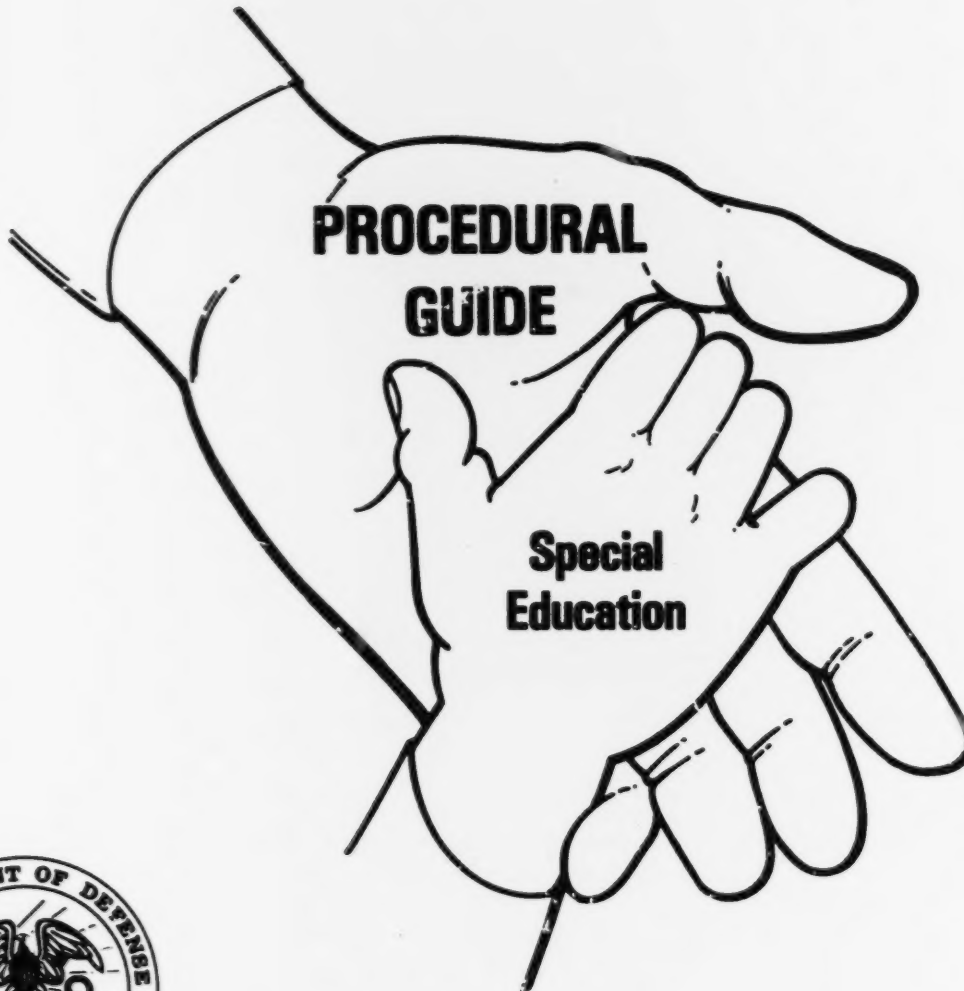
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Preface

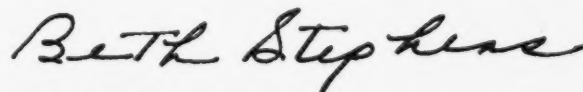
The development of the Procedural Guide for Special Education involved the cooperative efforts of Department of Defense Dependents Schools (DoDDS) personnel from the Office of Dependents Schools (ODS) and from each of the five regions. Their efforts have resulted in this systemwide Guide, which provides the guidance for DoDDS special education efforts.

The Guide was designed to be a flexible document, adaptable to changing needs within DoDDS. The loose-leaf style format allows periodic updates without the need to reprint the entire guide.

This Guide is another step in the DoDDS commitment to provide a free appropriate education for all handicapped students. DoDDS is grateful for the time and efforts of the many persons who have made significant contributions to this Guide. These include:

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INTRODUCTION TO THE GUIDE

Purpose

The Guide was developed to provide direction to DoDDS in affording appropriate services to handicapped students. It is intended to serve as a manual for administrators and regional and local case study committees (CSC) in performing their assigned responsibilities. No manual can provide all the answers; however, this Guide should provide sufficient guidance to meet most of the questions or concerns that arise. When necessary, the regional special education coordinators and special education specialists can provide clarification or further guidance to local CSC's.

The loose-leaf format used in this Guide allows ODS to revise the Guide as issues are clarified by new Instructions, Directives, decisions in due process hearings by hearing officers, appellate decisions by the Assistant Secretary of Defense (MI&L), or court cases. This format should help the local CSC function more effectively and efficiently.

Orientation

The Guide follows the step-by-step approach that the CSC should follow, from processing a referral through the actual implementation of an individualized education program (IEP). The school administrator, CSC chairperson, and committee members are expected to be fully familiar with the Guide, and the general teaching staff also must be aware of its content. CSC's are urged to include copies of relevant regulations, directives, and instructions in the Issuances section of this Guide.

It is anticipated that this Guide will be used as a reference manual. While it may appear that the Guide is redundant in several sections, the repetition of material should reduce the need to refer to previous sections.

Applicability and Scope

This Guide applies to DoDDS personnel, parents and guardians, non-DoDDS schools in which DoDDS is responsible for a student, and students receiving or entitled to receive educational instruction from DoDDS. This Guide does not create any rights or remedies and may not be relied upon by any party to allege a denial of the procedural or substantive guarantees of Public Law 94-142, DoD Instruction 1342.12, or any other authority. To the extent that this guide conflicts with DoD Instruction 1342.12, the Instruction shall govern.

Guidelines Used to Complete This Guide

1. Compliance With Department of Defense (DoD) Instruction 1342.12: The content of this Guide is based on full compliance with the requirements of the DoD Instruction 1342.12.

2. Compliance With Office of Dependents Schools (ODS) Issuances: These issuances are incorporated in the Guide insofar as they implement DoD Instruction 1342.12.

These issuances include but are not limited to:

DS Administrative Instruction 2500.8: Monitoring Procedures for
Special Education Programs and
Services for Handicapped
Students

DS Administrative Instruction 2500.9: Eligibility Criteria for
Special Education.

3. Sequentially Based System: The content of the Guide tracks the sequence of events necessary to identify, assess, determine eligibility, develop a special educational program, select a placement, and subsequently monitor the delivery of services, and determine whether a student needs a modification of special education services or related services.

4. Standardized Language: This Guide provides for clarity in language through the use of consistent references to defined terms. The word "student" refers to all children receiving or entitled to receive an education from DoDDS, ages 5 through 21. Children 3 or 4 years of age who are enrolled in a preschool handicapped program are also included in the term "student." The term "assessment" is used to describe all necessary components in testing. The term "educational functioning" is used to include educational performance. The definitions in DoD Instruction 1342.12, enclosure 2, apply to this Guide.

5. Mandated Forms: In the Forms section of this Guide, mandatory forms are included in the order in which they are mentioned in the text. These forms are clearly marked as mandated and must be used by all DoDDS schools in their special education programs. For some topics, additional suggested forms are included in that section.

6. CSC at Local Level: The Guide describes the activities and functions of the school CSC as they relate to the individual student.

7. Interpretation of "When Necessary" And "Timely": It should be noted that both of these terms are given a broad construction. In DoDDS, it is difficult to apply the same "timely" consideration to a remote school serving a small population, and to another school in a large population area with ready access to a full continuum of education and medical services. It is not the intent of DoDDS to delay the provision of services, but to provide the best possible services within a reasonable amount of time.

8. Continuum of Service: Due to the varied programming issues in the pre-school, elementary, middle, and secondary educational systems, this Guide contains interpretations and requirements appropriate to specific levels when necessary.

9. Regional Differences: DoDDS includes over 270 educational sites around the world. In serving handicapped children, all the schools follow the same set of directives, instructions, and other system-wide guidance. However,

each region has unique factors, e.g., population density and geography, which require creative regional responses. Because these responses vary from one region to the next, this Guide will not address specific regional issues.

It should be noted that the position of ODS is that the guidelines contained in this Guide shall be followed uniformly throughout the five regions. Unique regional activities or organizations, such as Developmental Centers or ERCs, should serve to augment the functions defined in this Guide, not supersede them. To provide guidance to the regions on the relationship of regionally-specific activities to the functions defined in this Guide, the regions will develop separate sections for regional operations for inclusion in the Guide. Thereafter, each region will be requested periodically to address regionally specific organizations or activities that should be covered in this Guide. The section on regional guidelines will not establish any procedures that are not related to ancillary activities or organizations that are established by the regions. Each regional office will prepare its section and forward it to ODS for review prior to distribution to schools.

STATEMENT OF PHILOSOPHY

The Department of Defense (DoD) has a legal, professional, and ethical obligation to provide quality education for all eligible minor dependents of military and DoD civilian personnel assigned overseas.

DoDDS personnel are committed to provide appropriate educational opportunities that allow all students to realize their potential and to function in their changing environments.

It is therefore the intent of DoDDS to:

- * Ensure that all eligible handicapped students receive a free appropriate public education.
- * Provide a continuum of special education and related services that will meet the needs of all handicapped students.
- * Secure those medically-related services overseas which, in general, are diagnostic and/or therapeutic in nature, from the military departments.
- * Provide for educational facilities and services which are comparable to educational facilities and services available to nonhandicapped students.
- * Educate the handicapped student to the maximum extent appropriate with nonhandicapped peers.
- * Ensure that special education is an integral component of the regular education program.
- * Ensure that there is active, joint participation of parents and school personnel in the development of a student's IEP.
- * Individualize the application of techniques, procedures, instructional materials, and equipment designed to facilitate educational success.
- * Ensure that procedural safeguards are established and implemented for all handicapped students and their parents.
- * Provide a comprehensive system of personnel development for all personnel involved in the education of handicapped students.

I

CASE STUDY COMMITTEES

The Case Study Committee (CSC) is the guiding force behind the provision of appropriate services to handicapped students. The CSC concept has become generic, referring to a class of committees that have a variety of functions. Because this has led to some ambiguity, it is important to clarify the composition and functions of a CSC. This Guide describes the operation of a CSC by its overall functions as they relate to the individual student.

Purpose and Membership of School CSC

The CSC operates as a multidisciplinary team in all decisions and activities as they relate to the student. Specifically, these include: (a) student assessments, (b) eligibility determinations for supplementary education (which is not covered by DoD Instruction 1342.12), special education, or related services, (c) placement of students requiring supplemental, or special education, or related services, (d) development, review, modification and/or revision of IEP's, and (e) significant program modifications. In addition, the committee also determines whether or not a relationship exists between a student's handicapping condition and behavior for which disciplinary action is being considered.

In issues related to handicapped students at the local level, DoDI 1342.12 refers primarily to a school CSC. It is easier to conceptualize this structure by thinking of the CSC as a fluid body with a "core" membership which is augmented by personnel appropriate to the function and procedural stage of the case being considered. Whenever a CSC is discussing a particular student, and the student's teacher(s) and parent(s) are present, the committee can be referred to as a particular student's CSC, e.g., Johnny Jones' CSC.

Core membership should include:

Student CSC Core

The school principal or designee and:

1. The referring teacher, the student's regular teacher(s), or, if the child is not yet in school, an appropriate regular teacher for the age level of the child.
2. A special educator(s) appropriate to the age level and apparent needs of the student.
3. Parents, if appropriate. While parents are to be included in the student core, there are several activities, specifically in the early referral process, where parental involvement is not required. Throughout

this Guide, parents are viewed in an equal partnership with the school professionals. School personnel will encourage the parents' involvement in the committee's deliberations.

School CSC Core

The school principal or designee and one or more persons selected by the principal from any or all of the following groups:

1. DoDDS and/or military resource personnel, including psychologists, guidance counselors, social workers, reading improvement specialists, school health personnel, occupational therapists, physical therapists, pediatricians, speech therapists, talented and gifted educators.
2. DoDDS regular classroom teacher(s).
3. DoDDS special education personnel.

Stage I - Prereferral Stage occurs before the formal referral. As such, the school CSC core has the primary responsibility for this stage. Professionals involved in screening activities typically would be added to the committee to assist the school CSC core in this function. Screening necessitates fewer members than any other task performed.

Stage II - Comprehensive Assessment Planning (This would include three-year reevaluation.) Personnel include:

1. Student CSC core members (though not legally required, it may be advisable and beneficial to involve the parent(s) at this stage).
2. Supplemental service personnel (reading improvement specialist (RIS), compensatory education, English as a second language (ESL), talented and gifted (TAG), etc.) appropriate to the apparent needs of the student.
3. Potential assessors (psychologist, military medical personnel, school nurse, etc.) including related service personnel appropriate to the apparent needs of the student.

Stage III - Determination of Eligibility for Special Education and Related Services involves:

1. Student CSC core members.
2. The student's parent(s) - all reasonable efforts must be made, and documented, to obtain parental participation at this stage.
3. Potential supplemental service providers.
4. Member(s) of the assessment team.
5. Potential related and special education service providers, including appropriate military medical personnel.

Stage IV - IEP Development, Review, or Reevaluation involves:

1. Student CSC core members (all reasonable efforts must be made, and documented, to obtain parental participation at this stage).
2. Supplemental service providers.
3. Related service providers.
4. Any regular teacher whose classroom, program, or curriculum is being considered for modification in the IEP.
5. The student, if appropriate. Generally it is appropriate for students at the seventh through twelfth grade levels to participate at this stage.

Multiple CSC's

At the larger schools, there may be more than one CSC. For example, there may be a CSC serving students from preschool through 3rd grade and another for students from 4th through 6th grades. High schools, too, may have CSC's at different grade levels. Whether or not a school has multiple CSC's is determined by school-based considerations which are dependent on such variables as size and staffing.

CSC Meetings

The CSC should meet on a regularly-scheduled basis, in most cases at least once a week. This requirement is necessary to allow a timely consideration of referrals or to make placement decisions.

In scheduling CSC meetings, there are several considerations:

1. The meetings should not regularly remove a teacher from an instructional period, nor should they interfere with teaching responsibilities. When it is necessary for a teacher to leave the classroom for CSC meetings, however, classes should be covered by qualified professionals. There should be a minimal disruption of instructional activities.
2. The meetings should be held when staff are readily available.
3. The meetings should be convenient to parents.

An agenda should be developed prior to each meeting. This will provide timely notice to parents, students, when appropriate, and those staff members whose participation is necessary. The actions and decisions of the CSC must be appropriately documented. Care must be taken to ensure that the privacy rights of students and parents are respected in the distribution of agenda and related materials.

A written record of the portion of each CSC meeting at which a student is discussed should be placed in the student's special education folder.

Roles and Responsibilities

The school administrator has the ultimate responsibility for the functioning of the CSC and implementation of DoD Instruction 1342.12, and will either be the chairperson of the committee or designate another person to fulfill the role of chairperson.

The CSC chairperson should work with other members of the CSC to ensure that each of the required management tasks listed below are addressed. It is noted that the responsibilities of the CSC are not necessarily limited to these tasks.

The tasks are divided into two groups, schoolwide and student specific. The student specific tasks are more appropriately addressed by student CSC core members. The remainder may be addressed by the group functioning at the most appropriate stage of the CSC process.

Schoolwide:

1. Assist in identifying handicapped children within the school.
2. Conduct an ongoing Child-Find program, or, if a separate Child-Find Committee exists, monitor the ongoing Child-Find program.
3. Maintain a record of referrals in the CSC Referral Log (form A in the Forms section of this Guide).
4. Review the results of prereferral activities before commencing the formal student referral procedure.
5. Assure that any child who is receiving or entitled to receive educational instruction from DoDDS is referred to the CSC if that child has a possible handicapping condition, and that a full and comprehensive diagnostic evaluation of the child's suspected educational needs will be conducted.
6. Ensure the appropriate involvement of the parents in the CSC process.
7. Ensure the development, review, and revision of the student's IEP, through ongoing follow-up and monitoring activities.
8. Establish and implement specific written procedures to assure that parents are cognizant of all procedural safeguards (e.g., confidentiality, protections in evaluation, due process, and least restrictive environment) and to assure that the school follows the procedural safeguards as provided.
9. Maintain a records management system which facilitates the monitoring requirements of DoDI 1342.12 and DSAI 2500.8.
10. Monitor the cumulative files to assure that they do not contain personal information prohibited by the Privacy Act of 1975, 5 U.S.C. §552a.

11. Record and maintain written reports on all activities of the Committee. Some specific report forms, e.g., Case Study Committee Written Report - Eligibility (form B), are required. When a standardized form is not required for the CSC activity, the committee should use Minutes of Case Study Committee Meeting (form C), or a similar form.

12. Develop, implement, review, and revise the IEP of each handicapped child. The CSC will use all locally available community, medical, and school resources to facilitate the implementation of a child's IEP before the regional director who has educational responsibility for the child is authorized to determine that the child's need for special education and related services exceeds local capabilities.

13. Provide a medium for communication among special educators, pupil personnel services specialists, administrators, and other faculty.

14. Assist the school principal in the collection of necessary data on handicapped students receiving special education and related services.

15. Conduct a self-study prior to monitoring as required in DSAI 2500.8.

16. Assist ODS and/or regional personnel in monitoring activities through the provision of the self-study, providing necessary assistance in the records review process, arranging and scheduling required monitoring interviews, and other functions that the monitors may require.

17. Develop and submit, as appropriate, corrective action plans for deficiencies identified in the monitoring process.

18. Prepare and monitor follow-up corrective actions.

Student Specific Tasks:

1. Assess the nature and severity of the handicapping condition.
2. Determine if special education and related services are required for the student.
3. Ensure appropriate involvement of parents.
4. Issue a written report that contains:
 - a. A description of the nature and severity of the child's handicapping condition(s) as defined by criteria A, B, C, and D in DSAI 2500.9.
 - b. A review of the formal and informal diagnostic evaluation findings of the multidisciplinary team.
 - c. A summary of information from the parents, the child, or other persons having significant previous contact with the child.
 - d. A description of the child's current academic progress, including a statement of the child's learning style.

5. Develop, review, and revise the student's IEP and monitor its implementation.

6. Determine whether a handicapped child's conduct that either violates school rules and regulations or disrupts classroom activities results in whole or in part from a handicapping condition. If so, the CSC must revise the child's IEP and/or modify the child's placement accordingly.

7. Use all locally-available community, medical and school resources to facilitate the implementation of a student's IEP before the regional director with educational responsibility for the student is authorized to determine that the student's need for special education and related services exceeds local capabilities.

8. Determine the length of the student's program in terms of an adjusted school day or extended school year.

9. Address vocational and physical education needs of the handicapped student.

Purpose and Membership - Regional CSC

In addition to a CSC which functions within the school setting, the establishment of a regional CSC is authorized by DoD Instruction 1342.12. Members of a regional CSC shall be appointed by the DoDDS regional director and shall include one or more persons belonging to either or both of the following groups:

1. DoDDS or military resource personnel, such as psychologists, guidance counselors, educational prescriptionists, social workers, reading improvement specialists, school health personnel, occupational therapists, physical therapists and speech therapists.

2. DoDDS special education personnel.

A regional CSC functions in the same manner as a school CSC with similar roles and responsibilities. The regional CSC does not supersede the school CSC and cannot overrule local decisions.

Specific responsibilities include:

1. The regional CSC shall act in the absence of a school CSC. Members of a regional CSC may be assigned to augment a school CSC.

2. The regional CSC shall assist in identifying handicapped children.

3. The regional CSC will function as a school CSC for those handicapped students who are assigned to a non-DoDDS school.

II

CHILD-FIND

DoDDS is responsible for locating, identifying, and, with the consent of the child's parent, evaluating all children who are receiving or entitled to receive an education from DoDDS and who need or may need special education and related services because they are handicapped. An important part of this identification process is Child-Find.

Definition

Child-Find is the ongoing process used by DoDDS and the military departments to seek and identify individuals (from birth to 21 years of age) who show indications that they might be in need of special education and related services. Child-Find activities include the dissemination of information to the public as well as identification, screening, and referral procedures.

The system for identifying children must be sensitive to various conditions that contribute to the need for effective and efficient location and identification. The system must acknowledge that a handicapping condition can occur at any time, and must be attentive to persons of all ages covered by DoDI 1342.12. Although many handicapping conditions are present at birth, they also may result from many causes, such as accident, injury, and disease, and may appear at any point in the developmental process.

Persons Responsible for Child-Find

Each DoDDS regional office, in cooperation with the military departments, shall conduct ongoing Child-Find activities that are designed to identify all children with possible handicapping conditions who are or will be entitled to receive an education from DoDDS.

Additionally, each DoDDS school, in conjunction with other community resources, augments Child-Find efforts by the regional office and military departments to alert the local community to available programs and services for handicapped children and youth. It is suggested that where more than one school serves a military base or small geographic area, the schools and other groups work cooperatively to avoid duplication of effort.

As discussed in section I, the CSC is responsible for oversight of Child-Find activities within the school. The CSC ensures that adequate Child-Find procedures are conducted by the Child-Find Committee (CFC) appointed by the principal, and/or cooperative Child-Find actions with other schools are undertaken. If no CFC has been appointed, the CSC functions as that committee.

In-School Activities

In an effort to identify handicapped children, each DoDDS school shall apply screening procedures to include the following:

1. Administering basic skills tests in reading, language arts, and mathematics, and reviewing the results of the testing.
2. Reviewing records of all children entering the DoDDS school for the first time to determine whether a child may be in need of special education and related services.
3. Analyzing school health data for those children who demonstrate possible handicapping conditions. Such data may include:
 - a. Results of formal hearing, vision, speech, and language tests.
 - b. Reports from physicians and public health service personnel.
 - c. Reports from other appropriate professional health personnel as may be necessary to aid in identifying possible handicapping conditions.
4. Conducting hearing, vision, and speech screening of any student who does not have this information in his or her records.
5. Analyzing other pertinent information, including suspensions, exclusions, withdrawals, and disciplinary actions, compiled and maintained by schools that may aid in identifying possible handicapping conditions.
6. Providing direction and guidelines for Child-Find activities.

Activities for Identifying Children

In addition to in-school screening activities, the following ongoing general types of identification activities shall be carried out each school year:

1. School personnel are informed of the requirement to refer students suspected of being handicapped to the CSC.
2. Child-Find posters are prominently displayed in schools and community settings.
3. Child-Find is discussed in parent and faculty bulletins and through parent-teacher groups.
4. Child-Find activities are publicized through local community publications and other media.
5. Local clubs or civic organizations, school advisory committees, parent organizations, advocacy groups, and community services organizations are informed of Child-Find activities.

6. Emphasis is given to identifying not only preschoolers and in-school children, but also out-of-school children and adolescents who are entitled to receive an education from DoDDS.

7. Military medical authorities are contacted for a list of children with possible handicapping conditions.

Child-Find Referrals

Child-Find referrals are generated for both in-school and out-of-school children. Such referrals may come from many sources, including school personnel, parents, and military departments.

Generally a child should be referred to the nearest school serving the child's age group. However, a preschool child should be referred to an elementary school. All Child-Find referrals must be logged in the same manner as regular in-school referrals. The referral log must specifically state when a referral originates outside the school.

If a preschool handicapped program is available, the CSC at the elementary school must process the referral or forward the referral to the CSC responsible for the preschool program. Where no program is available, the elementary school CSC determines if the resources of the school are adequate to provide preschool services. If such services are available, the elementary school CSC then prepares an IEP and follows all other procedures established for school-age handicapped children. If services are not available for the preschool child, the CSC is not obligated to complete the referral process. However, it must maintain the Child-Find data for inclusion in the Special Education Census. No services are available from DoDDS for children younger than 3 years of age, i.e., the child must reach the age of 3 by December 31 of the current school year.

A Child-Find Activities Documentation Sheet is included in the Forms section (form D). This supplemental sheet may be used to monitor the efforts of the CSC to discharge its Child-Find responsibilities.

III

PREREFERRAL PROCEDURES

In any school, a proportion of the student body will experience academic difficulties. However, not all of these students are handicapped. Use of the prereferral procedures outlined in this section should allow the school to identify those students who have a greater potential need for special education and related services, while at the same time providing instructional support for nonhandicapped children. Because prereferral is part of the overall identification process, certain guidelines must be followed to ensure that appropriate educational services are provided in a timely manner.

Teacher's Identification

When a teacher notices that a student is having academic difficulties within the regular school program, the initial step should involve attempts to identify the cause and extent of the problem. It should be stressed that the teacher's actions are informal procedures. They are the type of activities that the classroom teacher would typically conduct to identify problems and to provide appropriate classroom modifications.

In conducting these activities, the teacher should confer with the parents for information and support in resolving the problem. Additionally, the teacher should have access to assistance from the school's resource personnel (e.g., counselor, school nurse), supplemental service personnel (compensatory education, reading improvement specialist (RIS), English as a second language (ESL), etc.), special education teacher, and principal to pursue solutions to the learning and/or behavioral needs of the student. A questionnaire may be used to help identify the student's needs and to plan strategies; e.g., Teacher Evaluation of Student (form E or F). The teacher also is encouraged to obtain samples of the student's work and to develop an anecdotal report of behavior. When appropriate, the resource personnel should conduct classroom observations and the teacher and resource personnel should develop new strategies and maintain a record of the student's progress. This record must be noted on the Prereferral Report Form (form H) or on an anecdotal record.

Two forms, Prereferral Activities Checklist (form G) and Prereferral Report Form (form H), must be completed to inform the CSC of such informal efforts to address the student's problem. This information will be invaluable to the CSC. With few exceptions, an automatic formal referral to the CSC prior to these actions will result in the committee's referring the case back to the classroom teacher.

Screening

In-school referrals may be generated as a result of school screenings, such as a review of the results of basic skills grade level testing, health records screening, speech screenings, or records' check. In this event, it is still necessary for a regular teacher or counselor to complete the prereferral materials in order to provide baseline information on the child's academic functioning.

Parent Request

When the parents of an in-school student request a referral for a possible handicapping condition, the request is entered into the formal CSC log and a case manager is appointed whenever possible. (Use of a case manager is an option which may not be practical for smaller schools. A description of the case manager's role is included in the next section.) Even though a referral by a parent signals the start of the formal referral process, it is necessary for the classroom teacher to complete the prereferral information for the school CSC. The prereferral activities must be completed in a timely manner to facilitate the overall assessment process.

As in any prereferral activity, the classroom teacher will have access to the expertise and assistance of other resource personnel.

Out-of-School Prereferral Activities

When a referral is received concerning a student not in school, the referral is directed to the school that the child would probably attend with age group peers. If no school is available in the community, the referral is directed to the DoDDS regional office. Two possible actions may occur:

1. If the individual is between 5 and 21 years of age and is entitled to receive an education from DoDDS, the regional office determines the school that will serve the child. The child is enrolled and immediately referred to the school CSC.
2. If the child is below the age of 5, school enrollment is not required if there is no preschool program established at that school. Instead, the child's name is entered in the CSC formal referral log of the nearest elementary school, and the parents are referred to other agencies (e.g., Exceptional Family Member Program, Educational Resource Center, Children Have A Potential, or Developmental Centers), as necessary and available. If there is a preschool program available at the local school and if the child is between the ages of 3 and 5 years, a case manager is assigned by the school, and the referral process continues in order to determine whether the child is eligible for the preschool handicapped program.

Community/Parent Referrals

Due to Child-Find activities and increased public awareness of the availability of special education and related services within DoDDS, referrals may come from a variety of sources outside the school. In such cases, it is incumbent for the CSC to proceed with the full procedural course, including determination of the enrollment category and then determination of the student's eligibility for special education.

IV

PROCESSING THE REFERRAL

This section provides an overview of the entire referral process, from the logging of the referral to the development of the IEP. Later sections of the Guide will provide more detail on topics addressed in this section.

A child or youth suspected of having a handicapping condition may be referred by anyone, notably educators, parents, administrators, students, or representatives of community agencies. Before a referral can originate from DoDDS personnel within a school, the referring person must complete the prereferral activities.

If the student's performance is not favorably modified during the prereferral phase and/or it is suspected that a handicapping condition exists, the case is referred to the school CSC. Supporting documentation is required to be submitted to the CSC and must include, in addition to submission of the Formal Referral to CSC (form I), reports generated by the prereferral activities as prescribed in section III.

During the prereferral process, the classroom teacher should be in frequent contact with the parents. When the need for a formal referral is determined, the parents must be notified by the teacher regarding the pending referral. Contact with parents may be made through personal conference, telephonic means, or written communication. The date and means of notification must be documented on the Formal Referral to CSC (form I).

Due to Child-Find activities and increased public awareness of the availability of special education and related services within DoDDS schools, referrals may come from a variety of sources outside the school. In such cases, it is incumbent on the CSC to proceed with the full procedural course. Therefore, the CSC should follow the steps indicated below.

Referral Process

Step 1. The Formal Referral to CSC and attachments are submitted to the CSC. The referral is logged by the CSC chairperson.

Step 2. The referral packet is reviewed by the CSC. Based on the information obtained, e.g., classroom observations, work samples, attempted modifications, and/or prereferral information, the CSC determines the extent of the comprehensive assessment that is required.

If the CSC determines that an extensive assessment is unnecessary, the CSC shall recommend further proposed intervention strategies and/or assessment, or consideration for supplemental services (e.g., ESL, compensatory education, RIS). After providing instruction to the student, these supplementary services personnel have the obligation to re-refer any student to the CSC if they suspect that the student needs special education and related services.

If the CSC determines that an extensive assessment is needed, the CSC shall develop an individualized assessment plan. An Assessment Plan (form J) is included in the Forms section. The areas to be assessed are checked on the Parent Permission to Assess (form K). Note: The prereferral, referral, and parent permission for assessment should reflect consistent information concerning the suspected problem. The assessment function will be addressed in greater detail in section V.

When determination is made that an extensive assessment is required, a case manager must be assigned whenever possible. The case manager will function as a liaison with the parent(s) and teachers and will guide and monitor the assessment process until it culminates with the presentation of the assessment report.

Role of Case Managers

The responsibilities of the school CSC can be overwhelming for the CSC chairperson unless he or she can delegate some of the responsibility to other committee members. It is more efficient to assign a case manager the responsibilities of contacting parents and checking to see whether information requested on a student has been received. Another important function of the case manager is to ensure compliance with due process procedures. In smaller schools that have only a few referrals, the chairperson may find it necessary to serve as case manager.

Step 3. The case manager contacts the parent(s) telephonically, in person, or by mail to review the assessment plan and explains:

1. Why the CSC desires to assess the student;
2. In what areas the student will be assessed;
3. How the student is to be assessed (the nature and types of instruments and/or procedures that will be employed and the type of personnel who will conduct the assessment); and
4. The procedural safeguards available to the student and the parent(s).

The case manager provides the parent with a copy of the Protections in Evaluation (form L) and DoDI 1342.12, and requests the parent(s) provide their consent on the Parent Permission to Assess (form K).

NOTE: When parent(s) refuse to grant permission to assess, every effort should be made to resolve the issue without formal dispute management procedures. If no progress is made, the case manager shall report the refusal to the CSC and, if the CSC determines that the issue is "in dispute," the dispute management process (DSR 2500.10) must be initiated. (See section XII.)

Step 4. If a parent gives consent, the assessment is conducted in accordance with the plan developed by the CSC. The purposes of the assessment are to:

1. Obtain current information which, when applied against DoDDS eligibility criteria, will assist in determining whether or not the student is handicapped;
2. Obtain current information which will assist in identifying the student's specific educational needs; and
3. Obtain information to assist in determining whether or not the student needs special education and related services.

Assessment procedures are discussed in depth in section V.

Step 5. At the conclusion of the assessment process, team members must present their written summary assessment reports to the designated case manager or the person who is responsible for (a) collecting the data and completing the appropriate sections of the CSC written report, and (b) arranging for the CSC meeting where the student's eligibility for special education and related services will be determined. Parents must be invited to participate in the discussion of assessment results if there is a meeting of team members.

Eligibility Determination Meeting

Step 6. The parent(s) must be invited in writing to participate in this meeting, utilizing the Invitation to Parents (form M). This invitation may be supported through discussion by telephone and/or in person. The invitation must be sent so that the parent(s) receive it reasonably in advance of the meeting. A copy of the invitation is to be placed in the student's special education (SE) folder and one copy should be retained by the parent. At least two attempts in writing must be made and documented to schedule a meeting.

If the parent(s) twice failed to attend a scheduled meeting, the CSC may proceed with its deliberations in their absence at the second meeting. This can occur only if the parents have twice indicated that they will attend the meeting but then fail to attend on both occasions. However, if the parent(s) inform the CSC of their inability to attend prior to the meeting and request that it be rescheduled to a reasonably early date, the CSC shall comply with the request. A notification regarding the request and the rescheduling shall be made in the student's SE folder. The presence of one parent constitutes parental participation in a CSC meeting.

If the meeting is held without the parent(s), results of the eligibility meeting must be reviewed with them, either in person or in writing. The parent(s) also must be provided a copy of the CSC written report.

At the outset of the meeting, the chairperson must review the procedural safeguards available to the parent(s), reminding them that they received a copy of this information when they gave consent for assessment. However, if a parent requests an additional copy of DoD Instruction 1342.12, it must be provided.

During the meeting, the assessment team's report must be reviewed by the CSC. The CSC also must consider additional information from the parent or others having significant previous contact with the student. The CSC, based on this

additional information, may choose to amend the team's report. The CSC then adopts the report, either as presented by the team or as modified, as its written assessment report.

The report is then used by the CSC, including the parent(s), as the basis for determining whether or not the student is handicapped and in need of special education and related services, in accordance with the DoDDS Eligibility Criteria for Special Education (DSAI 2500.9). The process of determining eligibility is described in section VI.

If it is determined in the eligibility meeting that the child does not meet the eligibility criteria for a handicapping condition and does not require services, the CSC process ends and the due process procedures for the protection of handicapped students no longer apply, unless the parent(s) or school requests mediation or a due process hearing. If there is no such request, the school, under the guidance of the principal, proceeds with its school specific procedures for placement in supplementary services and alternative programs. This may include the development of an education agreement called a Supplementary Service Plan (SSP). Prior to the school year 1985-86 this plan was known as a Non-Handicapped IEP.

If the CSC decides that the student is eligible for special education and related services, then an individualized education program must be developed for those services, utilizing DS Form 2501, "Department of Defense Dependents Schools Individualized Education Program (IEP)."

Step 7. Under certain circumstances, development of an IEP may follow immediately after the eligibility meeting if all the required participants are in attendance, and the parents were informed of this procedure prior to the eligibility meeting. If the parents or other members of the CSC need additional time to prepare for the IEP meeting, it should be scheduled for another date. It is recommended that the IEP meeting not be held on the same day as the eligibility meeting. The school shall:

1. Provide the parents adequate notice of the time and place of the meeting,
2. Schedule the meeting at a mutually agreeable time and place, and
3. Document all attempts to arrange a mutually agreeable time and place for the IEP meeting.

If the school can document that at least two attempts to convince at least one of the parents to attend the meeting have been unsuccessful (i.e., parents indicate that they will attend the meeting but fail to attend), an IEP meeting may be conducted without a parent in attendance. In those cases where parents decline repeated invitations to attend the IEP meeting, the case manager or CSC designee must meet personally with the parents in an attempt to obtain their written agreement before the implementation of the IEP. If the parent(s) refuse to agree, the school must request mediation and, if necessary, a due process hearing.

STEP 8. Based on the determinations made by the CSC, a meeting is held to develop an IEP. This IEP development committee must include (see Section I):

1. The principal, or administrative designee. The designee must have the authority to commit school resources.
2. The student's regular education teacher(s)
 - a. When the student does not have a regular education teacher, e.g., preschool students in full-time special education placements, the regular education teacher is the person who teaches nonhandicapped children closest to the student's age.
 - b. In junior high school and high school programs, the regular teacher(s) are the referring teacher and/or any teacher who may have his/her program affected by the IEP being developed.
3. A special education teacher qualified to provide the services necessary to meet the student's identified needs.
4. The parent(s) of the student.
5. The student, if appropriate.
6. A member of the evaluation team, the child's teacher, or another person knowledgeable about the evaluation procedures used with the student and familiar with the results of the evaluation.
7. Other personnel, as appropriate.
 - a. At the secondary level, the counselor would be an appropriate participant.
 - b. Other personnel would include, but not be limited to, related services providers, other members of the evaluation team, supplemental service providers (ESL, RIS, compensatory education, TAG, etc.), and the school nurse. Generally, participants are persons who can be expected to assume responsibility for the delivery of services.

The IEP development committee is intended to design a full educational program tailor-made to the student's needs. This may involve a number of people, especially at the secondary level. Careful consideration should be given to the size of the IEP development committee membership. A parent walking into a room with a dozen or more people might be overwhelmed.

Participants should come to an IEP development meeting with appropriate recommendations, based on the CSC's written assessment report. These, however, must be viewed solely as proposals or recommendations, and the parent(s) must be clearly informed that the purpose of this meeting is to review, modify, discard, and/or develop alternatives.

The CSC must also ensure that at least one parent understands the proceedings of the meeting. This includes the provision of an interpreter for a parent who is deaf or whose native language is other than English, or the provision

of material in braille if the parent is blind. These support services should be provided if the other parent is not present, or if in attendance, is unable to understand the proceedings without such assistance. It is suggested that the school CSC coordinate with the regional office to obtain or prepare materials in native languages.

At the outset of any IEP meeting, the parent's due process rights and procedural safeguards must be reviewed. It is recommended that the school provide a special education envelope to the parents. This envelope should include:

- DSR 2500.10 - Special Education Dispute Management System
- DSR 2500.11 - DoDDS Complaint Management System
- DoDI 1342.12 - Education of Handicapped Students in the DoD Dependents Schools - If parents do not have a copy of 1342.12 (provided prior to assessment), a new copy should be provided.

This envelope provides a mechanism for the distribution of required documents in an orderly manner.

An important function of the IEP development committee is to determine the educational setting for the student. The IEP development committees must consider the following in making such determinations:

Student Needs: The student's unique needs, not the resources currently available, form the basis for IEP development. Service delivery decisions embody the principle that the program is designed for the student, rather than the student being placed in a predesigned program. A copy of Index of Student Needs is included in the appendix. For example, a deaf child might have the following specific needs (a) lip reading instruction, (b) manual signing instruction, (c) total communication instruction, etc. Based on these needs, a service recommendation should be made.

Least Restrictive Environment: The handicapped student shall be educated with students who are not handicapped to the maximum extent appropriate. The removal of handicapped children from the regular educational environment to receive services in special classes or separate schooling shall occur only when the nature or severity of the handicapping condition is such that the handicapped child cannot be satisfactorily educated in regular classes augmented by supplementary aids and services.

Location: The service delivery must be as close as possible to the residence of the child's sponsor and the school that the child would attend if not handicapped.

Student Activities: The service delivery must be designed to allow the child to participate in all school activities to the maximum extent appropriate.

In summary, the determination of service delivery should involve two important elements:

1. What is appropriate for the student academically?
2. What is appropriate for the student socially?

At the beginning of the IEP meeting, all participants in attendance will place their signatures in the appropriate places on DS Form 2501. The parent(s) will later provide a signature(s) indicating agreement or disagreement with the IEP and acknowledge that their procedural rights have been fully explained to them and that they have received a copy of the IEP as well as a copy of DoDI 1342.12. In the space above the parent's signature, the parent(s) also shall indicate whether or not they agree to the child's placement.

Issues which cannot be decided shall be taken to the next scheduled CSC meeting. If these issues cannot then be resolved, the CSC shall determine that the issues are in dispute and must initiate the provisions of the dispute management process (DSR 2500.10). Every effort should be taken at this stage to "isolate" the areas of disagreement and obtain agreement to the provision of IEP elements which are not an issue.

Detailed information concerning IEP requirements can be found in section VII.

Step 9. Once the IEP is developed by the CSC and approved by the parents, it must be implemented.

Each school principal is responsible for ensuring that an IEP is in effect before the student receives special education and related services. On a newly-formulated IEP, the meeting date and signatures of the parent and school authority must predate the date of the student's entry into the approved program.

When a student with a current IEP transfers to a DoDDS school, the CSC of the receiving school (or region) must, as soon as possible:

1. Implement the IEP,
2. Initiate a meeting to revise the IEP, or
3. Initiate a current evaluation of the student in an effort to formulate an appropriate IEP.

If a student's parents indicate that special education services were provided in the previous school, but do not have documentation, the child is to be placed in regular education until the CSC determines that the child is eligible for special education and related services and an IEP is developed and approved.

Step 10. The IEP developed for each child shall be reviewed at least annually by the CSC, including the parents. The following shall be considered as part of the review:

1. Whether the child has achieved the objectives and whether the goal(s) have been reached.
2. Whether the child has made sufficient progress and indicates readiness to enter a less restrictive program.
3. Whether the child's current program should be modified to render it more suitable to the child's needs.

Step 11. A handicapped child's IEP may be revised or special education services be discontinued for one or more of the following reasons:

1. The need for new and/or different services, including placement in a regular school program.
2. The CSC, including the parents, determines that the educational goals and objectives set for the child have been achieved, and the child no longer requires special education services and related services.
3. Assessment data indicate that the child no longer has an adverse educational impact from the handicapping condition(s).

Step 12. An individual comprehensive diagnostic reassessment must be given to a handicapped child at least once every 3 years. This mandatory 3-year reassessment serves as a means to assure that educational planning is based on relevant and timely information and to determine if the child remains eligible for special education and related services.

The nature and scope of the reassessment shall be determined by the CSC. Parental consent for the reassessment must be obtained, unless it is directed by a hearing officer or a court of competent jurisdiction.

ASSESSMENT

Any child who is receiving or entitled to receive educational instruction from DoDDS and who is referred to a CSC for a possible handicapping condition, shall receive a full and comprehensive diagnostic evaluation of his or her educational needs. The evaluation shall be conducted before any action is taken regarding the development of an IEP or the provision of special education services. A single exception is the transfer student who receives instructional services based on a previous IEP when the CSC (including the parents) of the receiving school exercise its discretion to implement the IEP.

Procedural Definitions

Evaluation procedures are those used to determine (a) whether a child is handicapped and (b) the adverse effects, if any, of the handicapping condition(s) on performance, and, if so, (c) the nature and extent of the special education and related services required to meet the child's needs. To qualify as an evaluation, these procedures must be used selectively with an individual child and may not rely exclusively on basic tests administered to, or used with, all children in a grade and class.

Eligibility criteria are listed in DSAI 2500.9. Handicapped children are defined by DoDI 1342.12 as those children who are evaluated in accordance with the Instruction, who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind or multihandicapped, or have specific learning disabilities, and who because of such impairments need special education and related services.

Purpose

The purpose of the evaluation procedures is to obtain current information which will assist the CSC to:

1. Identify the student's specific educational needs.
2. Determine, based on whether the student's handicapping condition adversely affects his or her educational performance, if the student needs special education and related services as defined in DoDI 1342.12.
3. Develop an appropriate educational program to meet the student's identified needs.

Sequence of Evaluation Procedures

These steps are required to take the referred child through the evaluation process to the point of determining eligibility for special education and related services, using established CSC and multidisciplinary approaches.

1. The school CSC acts as a referral committee in identifying the child in need of a comprehensive evaluation.

2. A case manager (optional) is appointed with the responsibility for managing the entire evaluation process, including ensuring appropriate parental consent and involvement.

3. Multidisciplinary team members are assigned responsibilities for the different portions of the assessment.

4. Each evaluator completes a written report to include: instruments, techniques used, results, and relationships of findings to educational functioning.

5. In DoDDS, the CSC membership is composed of professionals forming a multidisciplinary team. For student assessments, other specialists from outside the school setting may be called upon, thereby increasing the evaluation capabilities of the CSC. Under no circumstances may only one professional provide all the assessment data to the CSC. The assessment must be conducted, not merely overseen, by a multidisciplinary team.

6. A multidisciplinary staffing meeting of those persons who are conducting the assessments may be held prior to the eligibility meeting in order for the team to synthesize assessment results and to determine if further assessments are necessary. Reports are submitted to the case manager so that a summary of the assessments can be prepared. In no event may decisions about whether the child is handicapped, the student's IEP, or the student's placement be made at this meeting. If the student's parent objects, this meeting may not be held.

7. The student's CSC, which is a multidisciplinary team including the child's parent(s), determines eligibility based upon the results of the full and comprehensive evaluation.

Parental Involvement

Prior to the beginning of the evaluation process, the parent(s) must:

1. Consent to the assessment plan described in the Parent Permission to Assess (without the written documentation of permission, assessment will not be initiated unless ordered by a hearing officer or court of competent jurisdiction).

2. Receive an explanation of their rights and procedural safeguards (including protections in evaluation) and DoD Instruction 1342.12.

It should be remembered that parental permission must be timely and specific. Schools will not seek permission for all possible types of assessments. For any assessment activity, prior written permission must be obtained. Assessment must be:

1. Comprehensive and must be conducted in all areas in which the handicapping condition may manifest itself.

2. Conducted by a multidisciplinary team and must be multiprocedural, i.e., one person conducting one assessment is not sufficient to determine that a child is handicapped and eligible for special education.

3. Completed prior to eligibility determination and initiation of service delivery.

Responsibility for Evaluation

The appropriate CSC shall be responsible for assessing the nature and extent of the handicapping condition for students who are referred. The CSC also shall be responsible for periodically, and at least every 3 years, reassessing each child who is receiving special education services.

Procedural Requirements

Assessment materials, evaluational procedures, and tests shall be:

1. Administered only after vision, hearing, and medical screening.
2. Racially and culturally nondiscriminatory.
3. Administered in the language or mode of communication in which the child typically communicates.
4. Validated for the specific purpose for which they are used or intended to be used.
5. Administered by qualified personnel, such as a special educator, school psychologist, speech therapist, or reading improvement specialist, in conformity with the instructions provided by the producers of the testing device.
6. Administered in a manner so that no single procedure is the sole criterion for determining an appropriate educational program for a handicapped child.
7. Selected to assess specific areas of educational need, not merely to provide a single general intelligence quotient.
8. Administered to a child with impaired sensory, motor, or communication skills, so that the results reflect the child's actual ability or level of achievement, and not simply reflect the impaired skill itself.
9. Determined, conducted, analyzed, and overseen by a multidisciplinary team, which includes a teacher or specialist with specific knowledge in any disability that the child may be suspected of having.

CSC Responsibilities

In the evaluation process, a CSC has responsibility for:

1. Assessing the nature and extent of the handicapping condition.
2. Ensuring the appropriate involvement of parents in the evaluation process.
3. Fully informing parents of all information relevant to the assessment activity for which permission is sought.

4. Assuring that the assessments required in the evaluation process are conducted by a multidisciplinary team or group of qualified persons from multiple disciplines, including a teacher or other specialist with knowledge in the area of the suspected disability.
5. Assuring that assessments are conducted by persons with training or certification in the use of the specific instruments or techniques utilized in accordance with the instructions provided by the producer of the assessment instrument.
6. Assuring that required assessments are completed in a timely manner.
7. Issuing a written report that contains:
 - a. A description of the nature and severity of the child's handicapping condition.
 - b. A review of the formal and informal diagnostic evaluation findings of the multidisciplinary team.
 - c. A summary of information from the parents, the child, or other persons having significant previous contact with the child.
 - d. A description of the child's current academic progress, including a statement of the child's learning style.
8. Meeting as soon as practical after the child's formal evaluation to determine whether he or she is in need of special education and related services.
9. Ensuring that the child's parents have the opportunity to participate in the meeting at which eligibility for special education and related services is determined.
10. Reviewing any information received from the parents regarding previous evaluations.
11. Determining whether a third-party evaluation is warranted, e.g., when there are serious discrepancies between the assessment information provided by the parents and the data supplied by the multidisciplinary team.

Multidisciplinary Team

In accordance with DoDI 1342.12, a multidisciplinary team determines the direction and extent of the assessment phase of the eligibility determination.

All CSC's in DoDDS are multidisciplinary teams. In providing a full and comprehensive diagnostic evaluation for a child, other persons may be called upon to augment the diagnostic capabilities of the CSC through conducting assessments and thereby extending the multidisciplinary team function of the CSC.

Upon conclusion of the assessment phase, the multidisciplinary team (which is the student's CSC and which includes the student's parents) must decide whether, in its professional judgment, the student is eligible for special education and related services from DoDDS.

Comprehensive Evaluation

A comprehensive evaluation, sampling relevant behaviors and skills, includes: (Note that 1-4 below were part of the prereferral activities; however, this information should be reviewed and additional activities should be conducted if necessary.)

1. A review of the referral.
2. A review of the records.
3. Interviews of teacher(s), parents, and student.
4. Observations in appropriate environments.
5. Informal and formal tests and screening instruments.

The CSC must develop the comprehensive "Assessment Plan" (form J). In so doing, the CSC must determine the nature and scope of the evaluation, i.e., what areas are to be assessed as part of the full comprehensive assessment, who shall conduct the assessments, and provide guidance as to how the student shall be assessed.

The CSC must consider what it already knows about the student as well as what information is lacking. It must design the "Assessment Plan" with two outcomes in mind:

1. To obtain information which will be useful in improving the student's educational program and, thus, his or her educational performance.
2. To obtain information which it can effectively apply against the DoDDS eligibility criteria and, thus, determine whether or not the student is handicapped and in need of special education and related services.

The purpose of the assessment is to generate information with which the CSC can develop and improve the educational program for the student. Special education services are only one way in which a student's educational program might be improved. Thus, "eligibility" for special education and related services, in and of itself, should not be the sole focus of the assessment activity and report.

Since "eligibility" becomes an issue when the provision of special education and related services is determined to be an avenue for educational program improvement, it is, and should be, the result of assessment information, not the only purpose for generating it.

However, in order to apply eligibility criteria (even to determine "ineligibility"), all the required processes in any given criterion must be considered in planning the assessment process.

The assessment summary report is a product of the CSC. DoDI 1342.12 requires that "the region or school shall issue a written report." The CSC written report should guide the CSC in developing an improved educational program including, if indicated, the provision of special education and related services. It is important to members that, even if a student is not found to be eligible for special education and related services, the CSC may develop a Supplementary Service Plan (SSP) for that student.

There are four specific issues which must be addressed in a CSC's written report:

1. A description of the nature and severity of the student's handicapping condition.
2. A review of the formal and informal diagnostic evaluation findings of the multidisciplinary team.
3. A summary of information from the parents, the student, or other persons having significant previous contact with the student.
4. A description of the student's current academic progress, including a statement of the student's learning style.

The CSC written report should specifically address such areas as:

1. The need for special transportation planning due to the presence of a handicapping condition(s).
2. The need for student or family counseling (not solely parent counseling) in order for the student to benefit from his or her educational program.
3. The physical education needs of the student, even if modifications or adaptations are not necessary.
4. The prevocational, vocational, and career related educational needs.
5. The need for modifying or extending the school year due to the nature and severity of the handicapping condition(s).
6. The need for regular classroom modifications to assure appropriate least restrictive educational settings.

Three-Year Reassessment

A handicapped student shall receive an individual comprehensive diagnostic reassessment every 3 years or more frequently if conditions warrant. The scope and nature of the reassessment shall be determined by the CSC and shall be individually designed based upon the student's performance, behavior, and needs when the reassessment is conducted.

Determination of Evaluation Procedures and Assessments

In order to guide the evaluation process, at the time of the referral the CSC must designate the areas of the suspected handicapping condition(s) and recommend appropriate assessments and criteria in accordance with DSAI 2500.9.

Eligibility criteria are written statements which are used to determine if a child is handicapped and is eligible to receive special education and related services from DoDDS. The eligibility criteria include: Criterion A, physical impairments; Criterion B, emotional impairments; Criterion C, communication impairments; and Criterion D, learning impairments. Students demonstrating multiple handicapping conditions may be eligible under more than one of the above criteria. However, in data collection the child is listed under the most severe handicapping condition.

The information which follows is designed to assist CSC's and case managers in developing and implementing appropriate assessment plans for referred students and to designate those assessment specialists necessary for the conduct of full and comprehensive evaluations in accordance with each DoDDS criterion.

CRITERION A. Student whose educational performance is adversely affected by a physical impairment (visually impaired, hearing impaired, orthopedically impaired, other health impairment) that requires environmental and/or academic modifications.

CRITERION A

Required Assessments or Processes	Purpose of Assessment	Multidisciplinary Team Assessment Specialist To Conduct Assessment
1. Assessments of educational performance, including academic achievement in math, reading, and language.	To determine the student's educational functioning.	School personnel, including regular and special education teachers, educational prescriptionists, school psychologists, and counselors.
2. Medical evaluation of suspected disability. - vision - hearing - orthopedic - health impaired - other	To determine the existence of a physical impairment.	Medical specialists
3. Social/Family/Medical History Intake	To assess the current level of functioning socially and within the family.	Counselor, social worker, school nurse, psychologist with parental input.
4. Task Analysis of Skill Performance	To assess the need for environmental and/or academic modifications.	Special education teacher or related services provider with knowledge in the area of the suspected disability, physical education teacher, vocational educator.

CRITERION B. Student who manifests a psychoemotional state that is the primary cause of academic and social difficulties; student who exhibits maladaptive behavior(s) over an extended period of time which interferes with skill attainment, social-personal development, language development, and self-control which is the result of a severe mental disorder and who require special education. The term does not usually include intellectual deficits, sensory or physical impairments, hyperactivity, attention deficit disorders, antisocial behavior, parent-child problems, conduct disorders, and interpersonal problems which are not a result of a severe mental disorder.

CRITERION B

Required Assessments or Processes	Purpose of Assessment	Multidisciplinary Team Assessment Specialist
1. Assessments of educational performance, including academic achievement in math, reading, and language.	To ascertain the child's current level of educational performance.	School personnel including regular and special education teachers, counselors, educational prescrip-tionists, psychologists.
2. Examination of academic potential intellectual screening test.	To determine academic potential.	School personnel (as above).
3. Observation in natural environment.	To determine if maladaptive behaviors are exhibited.	School personnel (as above).
4. Social maturity index and/or behavioral.	To determine if social differences exist.	School personnel (as above).
5. Review of records.	To determine if academic and/or social difficulties have existed over an ex-tended period of time.	School personnel (as above).
6. Social/family/medical History intake.	To determine if charac-teristics have existed over an extended period of time.	Counselor, social worker, nurse, school psycholo-gist.
7. Diagnostic, psychiatric, or psych-ological evaluation.	To identify the psychoemotional condition or severe mental disorder.	Psychiatrist or clinical psychologist.

CRITERION C. Student whose educational performance is adversely affected by speech and language difficulties.

CRITERION C

Required Assessments or Processes	Purpose of Assessment	Multidisciplinary Team Assessment Specialist
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Voice Production Disorder

1. Observation of the child's oral language production in the educational setting.	To determine the adverse affects of the voice disorder on the child's educational performance.	Regular or special education teacher.
2. Current hearing screening; oral peripheral screening examination.	To determine auditory acuity; to determine physical status of speech production mechanisms.	Speech therapist.
3. Ears, nose, and throat (ENT) evaluation including oral peripheral examination and laryngoscopy examination.	To determine medically correctable problems (e.g., cleft palate, extreme nasality).	Medical ENT.
4. Voice production evaluation for pitch, intensity, intonation, respiration, resonance and/or quality.	To determine if the quality of the child's voice production is appropriate for chronological age or sex.	Speech therapist.

Dysfluency

1. Observation of the child's use of language in three different communication settings.	To identify the educational settings in which the child is not dysfluent.	Speech therapist; regular teacher.
2. Formal assessment instruments such as Boone's Stuttering Rating Scale.	To determine rate of dysfluencies.	Speech therapist.
3. Recorded speech samples.	To determine rate of dysfluencies and adverse affect on educational performance.	Speech therapist.

CRITERION C continued

Required Assessments or Processes	Purpose of Assessment	Multidisciplinary Team Assessment Specialists
<u>Misarticulation</u>		
1. Current hearing screening; oral peripheral screening examination.	To determine auditory acuity; to determine physical status of speech production mechanisms.	Speech therapist; nurse.
2. Report of child's articulation in conversational speech.	To determine intelligibility in educational settings.	Teacher.
3. Analysis of child's conversational speech.	To ascertain consistency of the misarticulation to determine that identified misarticulations are not due to English as a second language.	Speech therapist.
4. Formal assessments of misarticulations such as Goldman-Fristoe Test of Articulation.	To identify the type and severity of misarticulations and adverse affect on educational performance.	Speech therapist.
<u>Receptive and/or Expressive Language Delay or Disorder</u>		
1. Assessment of educational performance including academic achievement.	To determine if a language delay or disorder has an adverse affect on educational performance.	Regular or special education teacher; counselor; educational prescriptionist.
2. Oral peripheral examination; current hearing screening.	To determine physical status of speech production mechanisms; to determine auditory acuity.	Speech therapist; nurse.
3. Informal and formal assessments of receptive and expressive language; analysis of the type of delay or disorder.	To determine the level of the child's receptive and/or expressive language.	Speech therapist.

CRITERION D. Student whose measured academic achievement in math, reading, or language is adversely affected by underlying handicapping conditions including intellectual deficit and/or informational processing deficit and/or developmental adaptive behavior deficit.

Criterion D does not include students whose learning problems are due primarily to visual, auditory or motor handicaps, emotional disturbance, environmental deprivation, or English as a second language.

Required Assessments or Processes	Purpose of Assessment	Multidisciplinary Team Assessment Specialists
1. Current report of vision and hearing acuity and health status.	To determine student's current health status.	School nurse; speech therapist (included in prereferral).
2. Social/family/medical history intake.	To determine possible environmental and physical factors which affect the child's performance in the educational setting.	Counselor, social worker, teacher, educational prescriptionist, school nurse, psychologist.
3. Educational performance including academic achievement in math, reading, and language.	To determine the level of the child's educational performance.	School personnel including regular and special education teachers, educational prescriptionists, psychologists.
4. Assessment of intelligence. *	To determine student's intellectual potential.	Appropriately certified and credentialed personnel.
and/or	and/or	
Information processing.	To determine if a deficit exists in the student's ability to process information.	Regular or classroom special education teacher, educational prescriptionists, counselor, psychologist, speech therapists, reading specialist.
and/or	and/or	
**Developmental adaptive behavior.	To determine the student's level of functioning within varied environments.	Counselor, educational prescriptionists, psychologist, special education teacher, social worker.

*Note: If it is suspected that an intellectual deficit is the underlying handicapping condition, a formal measure of adaptive behavior must be administered.

**Note: Most appropriately used with preschoolers.

VI

ELIGIBILITY

The DoDDS eligibility criteria (DS Administrative Instruction 2500.9) are designed to identify all students who are handicapped. DoDDS eligibility criteria:

1. Avoid arbitrary statistical determiners, such as cutoff scores, discrepancy and/or expectancy formulas, or deviations from age or grade levels.
2. Rely upon experience, knowledge, and training of professional personnel.
3. Are applied through the professional judgments of the case study committee.

Determination

No single individual may unilaterally determine that a child is handicapped and needs special education and related services. All eligibility decisions must be made by the CSC.

Parents must be invited to the CSC meeting at which the eligibility decision is made. If parents are unable to attend, they must be informed in writing of the eligibility decision. A copy of the CSC written report must be placed in the child's special education folder.

Once the child is determined eligible for special education, the child's instructional needs, not the handicapping condition(s), nor label or criterion, may be used to describe the student and to determine the type(s) of services required.

The information which follows in this section is designed to guide the CSC in its determination of a child's eligibility for special education and related services.

EACH QUESTION STATED AS AN ELIGIBILITY CONSIDERATION MUST BE ANSWERED AFFIRMATIVELY BY THE CSC IN ORDER FOR THE STUDENT TO MEET ELIGIBILITY REQUIREMENTS FOR A SPECIFIC CRITERION.

CRITERION A

Definition

CRITERION A. Student whose educational performance is adversely affected by a physical impairment (visually impaired, hearing impaired, orthopedically impaired, other health impaired) that requires environmental and/or academic modifications.

Deaf. A hearing loss or deficit so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, to the extent that his or her educational performance is adversely affected.

Deaf-blind. Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

Hard of Hearing. (Hearing Impaired) A hearing impairment, whether permanent or fluctuating, that adversely affects a child's educational performance but that does not constitute deafness.

Orthopedically Impaired. A severe orthopedic impairment that adversely affects a child's educational performance. The term includes congenital impairments (such as clubfoot and absence of some member), impairments caused by disease (such as poliomyelitis and bone tuberculosis), and impairments from other causes (such as cerebral palsy, amputation, and fractures or burns causing contractures).

Other Health Impaired. Limited strength vitality or alertness due to chronic or acute health problems that adversely affect a child's educational performance, including heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or autism.

Visually Handicapped. A visual impairment that, even with correction, adversely affects a child's educational performance. The term includes both partially seeing (low vision) and blind children.

Determination

<u>Eligibility Considerations</u>	<u>Assessments To</u>	<u>Be Considered</u>
1. Does the child have a physical impairment (visual, hearing, orthopedic, other health impairment)?		Medical evaluation and Social/Family/ Medical History Intake
2. Is that impairment adversely affecting the child's educational performance?		Assessments of educational performance (formal or informal)
3. Does the child require environmental and/or academic modifications?		Task analysis of skill performance (e.g., functional vision evaluations occupational therapy evaluation, communi- cation assessment, orientation, and mobility evaluation)

EACH QUESTION STATED AS AN ELIGIBILITY CONSIDERATION MUST BE ANSWERED AFFIRMATIVELY BY THE CSC IN ORDER FOR THE STUDENT TO MEET ELIGIBILITY REQUIREMENTS FOR A SPECIFIC CRITERION.

CRITERION B

Definitions

CRITERION B. Student who manifests a psychoemotional state that is the primary cause of academic and social difficulties; students who exhibit maladaptive behavior(s) over an extended period of time which interferes with skill attainment, social-personal development, language development, and self-control which is the result of a severe mental disorder and who require special education. (DSAI 2500.9)

Seriously Emotionally Disturbed. A condition that has been confirmed by clinical evaluation and diagnosis and that, over a long period of time and to a marked degree, adversely affects educational performance, and that exhibits one or more of the following characteristics: (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors; (2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (3) inappropriate types of behavior under normal circumstances; (4) a tendency to develop physical symptoms of fears associated with personal or school problems; (5) a general pervasive mood of unhappiness or depression. The term includes children who are schizophrenic, but does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed (DoDI 1342.12).

Determination

Eligibility Considerations

Assessments To
Be Considered

- | | |
|--|--|
| 1. Does the student have a confirmed emotional condition (psychoemotional state)? | Evaluation and diagnosis by clinical psychologist or psychiatrist. |
| <hr/> | |
| 2. Does that condition cause <u>one or more</u> of the following characteristics:
1) An inability to learn that cannot be explained by intellectual, sensory, or health factors? (The student is so emotionally disturbed that he/she cannot learn.)
2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers? (The student is so emotionally disturbed that he/she cannot enter into relationships.)
3) Inappropriate types of behavior under normal circumstances? (The student's behavior is maladaptive.)
4) A tendency to develop physical symptoms or fears associated with personal or school problems? (The student's physical symptoms or fears are the results of a severe mental disorder.)
5) A general pervasive mood of unhappiness or depression? | Assessments of skills attainment including academics, language.

Social maturity index and/or behavioral rating scale.

Observation in natural environment.

Psychiatric evaluation.

Observations, clinical evaluation. |
| <hr/> | |
| 3. Have the <u>observed</u> maladaptive behaviors lasted for a long period of time? | Review of records

Social/Family/Medical History Intake. |

EACH QUESTION STATED AS AN ELIGIBILITY CONSIDERATION MUST BE ANSWERED AFFIRMATIVELY BY THE CSC IN ORDER FOR THE STUDENT TO MEET ELIGIBILITY REQUIREMENTS FOR A SPECIFIC CRITERION.

CRITERION C

Definitions

CRITERION C. Student whose educational performance is adversely affected by speech and language difficulties. (DSAI 2500.9)

Speech Impaired. A communication disorder, such as stuttering, impaired articulation, language impairment, or voice impairment, that adversely affects a child's educational performance. (DoDI 1342.12)

Determinations

Eligibility Considerations

Assessment To Be Considered

Does the child have a communication disorder? For example:

Voice production disorder	Speech/Language Evaluation
Dysfluency	"
Misarticulation	"
Receptive language impairment . . .	"
Expressive language impairment . . .	"

Does that communication disorder adversely affect the child's educational performance?

Assessments of educational performance (e.g., language evaluations, oral communication assessment, academic assessments, or observations by regular classroom teacher, nurse, etc., indicating that adverse attention is focused on the disorder).

EACH QUESTION STATED AS AN ELIGIBILITY CONSIDERATION MUST BE ANSWERED AFFIRMATIVELY BY THE CSC IN ORDER FOR THE STUDENT TO MEET ELIGIBILITY REQUIREMENTS FOR A SPECIFIC CRITERION.

CRITERION D

Definitions

CRITERION D. Student whose measured academic achievement in math, reading, or language is adversely affected by underlying handicapping conditions, including intellectual deficit and/or information processing deficit and/or developmental adaptive behavior deficit. (DSAI 2500.9)

Determinations

Eligibility Considerations

Is the student's achievement in math, reading, or language near or below the 10th percentile?
(for students of above average mental ability, near or below the 35th percentile).

Assessments To Be Considered

Assessment of academic achievement.

Is the student's adverse academic achievement due to one of the following deficits?

A. (Intellectual deficit)
Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior.

Formal assessments of general intellectual functioning.

Measure of adaptive behavior.

B. (Developmental adaptive behavior deficit) Significantly subaverage adaptive behavior in developmental areas.

Formal measure of adaptive behavior.

C. (Information processing deficit)
Disorder in perception, memory, processing, or production of information.

Assessments of visual perception, auditory perception, visual motor integration.

Is the identified learning problem not due primarily to visual, auditory or motor handicap?

Current health status reports.

Is the identified learning problem not due primarily to emotional disturbance, environmental deprivation, cultural differences, economic differences, or English as a second language?

Referral information
Social/Family/Medical
History Intake.

Language survey.

EACH QUESTION STATED AS AN ELIGIBILITY CONSIDERATION MUST BE ANSWERED AFFIRMATIVELY BY THE CSC IN ORDER FOR THE STUDENT TO MEET ELIGIBILITY REQUIREMENTS FOR A SPECIFIC CRITERION.

VII

DEVELOPING THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

All requirements for developing the IEP, including parent signature, must be satisfied before a student receives special education and related services. The IEP system requires:

1. An appropriately staffed meeting to develop the IEP.
2. A written record (the IEP) of the decisions reached at the meeting.

Meeting Participants

The participants at an IEP meeting shall include:

1. The child's regular teacher (as described in section I).
2. A teacher of special education.
3. The principal or representative of the DoDDS school, other than the child's teacher, who is qualified to provide, or supervise the provision of special education. [Refer to case study committee description (section I) for a qualifier.]
4. One or both of the child's parents.
5. The child, if appropriate.
6. A member of the evaluation team, the child's teacher, or another person knowledgeable about the evaluation procedures used with the child and familiar with the results of the evaluation.
7. Other individuals at the reasonable discretion of the parents or DoDDS.

For more information on participants, review the structure of the case study committee as defined in the section on the Case Study Committee (section I).

Purpose

The purpose of an IEP meeting is:

1. To develop goals and objectives based on information obtained in the evaluation process.
2. To commit resources by DoDDS.
3. To serve as focal point for reaching a consensus on the student's program.

Time of IEP Meetings

If the parents have been so notified in the invitation and agree, an IEP meeting may be held immediately after the CSC eligibility meeting, or the IEP meeting may be scheduled at a later time period. The IEP meeting should be conducted as soon as possible after eligibility has been determined. The meeting should be held at a mutually agreed upon time and place.

While it is permissible to hold both the eligibility and the IEP meetings on the same day, there are procedural considerations that the CSC should address in scheduling the meeting:

1. Professional care should be exercised in the discussion of results prior to the eligibility meeting. It is DoDDS position that the CSC should not discuss assessment results at a meeting without the parents being present. The first review of the assessment results with the CSC is at the eligibility meeting.
2. If the CSC members are not aware of the assessment results and not able to study and discuss them, it is difficult to prepare appropriate individualized goals and objectives and to write quality IEP's. While teachers may bring notes with appropriate goals and objectives recorded, it would be difficult to do this if the eligibility determination meeting and IEP meeting were conducted on the same day.

Another approach to developing an IEP would include the following steps:

1. If at the eligibility determination, the child is determined to be eligible for special education services, an IEP meeting is scheduled.
2. Prior to the IEP meeting, each professional develops (and the parents may develop) draft goals and objectives for the student. This is accomplished after a thorough examination of the assessment data and without collaboration of committee members. Meetings of the committee members without the parents to develop a consensus on programmatic activities or placement is a violation of the parents' rights and are forbidden.
3. The draft goals and objectives are submitted to the case study manager for organization. The manager submits these materials to the parents.
4. The parents have the right to propose additions, modifications, and deletions and to raise questions about any of the goals or objectives. In addition, they have the opportunity to seek outside guidance on the suggested goals and objectives.
5. The parents may bring their copy of the goals and objectives to the IEP meeting along with any of their comments. The CSC (including the parents) then prepares the IEP. If the parents approve, the cover sheet (DS Form 2501) is signed.

6. A copy of the handwritten IEP is given to the parents and constitutes a valid document. A typed copy of the IEP may be prepared for the record. The signed cover sheet is attached to the handwritten or typed copy. If a copy is typed, it must be sent to the parents. The handwritten copy of the IEP and the typed copy, if any, are retained in the special education folder.

Parental Participation

Records in the student special education folder must document that adequate written notice of invitation to the IEP meeting was provided to the parents. This written notice must inform the parents of the time, place and participants in the meeting or may confirm a telephonic or verbally agreed upon time or place. This notice also must be provided in the parents' native language or primary mode of communication.

Parents not in attendance - A meeting may be conducted without a parent in attendance if the school is unable to convince a parent to attend. In this case, the school must have a written record of its attempts to arrange a mutually acceptable time and place. If parents indicate that they will attend the IEP meeting but fail to attend, an effort should be made to contact the parents. If the parents ask the committee to proceed without their presence or after the parents have twice failed to appear at the meeting, the meeting may proceed at the discretion of the CSC chairperson. If neither parent can attend the meeting, other methods to promote the parents' participation in the process, such as telephone conversations and letters, should be used. Once the IEP is completed, a member of the CSC should review the contents with the parents. It is necessary that the parents be informed before they are asked to sign the IEP.

Parents in attendance - Parents of handicapped children are equal participants at the IEP meeting(s). They are encouraged to be actively involved in the development, review and revision process, including identification of needs and services. It is not legal or appropriate for the school to present a previously completed IEP to the parents for their signature at the meeting. It is appropriate for individual CSC members to come prepared with assessment findings from the eligibility determination meeting, present levels of performance, recommended annual goals and short term objectives, and the possible types of special education and related services that may be selected as appropriate. However, school personnel must avoid the appearance or reality that a finalized IEP has been developed prior to the meeting. At the IEP meeting, the IEP shall be prepared and signed by the appropriate persons. After the meeting, the IEP may be recopied or typed. However, the original IEP cover must be attached and the original form must be retained in the special education folder.

IEP

The IEP document must contain:

1. A statement of the present levels of educational performance of the student.

2. A statement of annual goals, including short-term instructional objectives.
3. A statement of specific special educational and recreational activities and related services to be provided to the student, and the extent to which the student may be able to participate in regular educational programs.
4. The projected date for the initiation and the anticipated length of such activities and services.
5. Appropriate objective criteria and evaluation procedures and schedules for determining, on an annual basis, whether educational objectives are being achieved.
6. A statement indicating the frequency (number of times per month) and intensity (amount of time each day) of related services. If more appropriate, frequency may be expressed in number of times per week.
7. Information on the type of physical education program required by the student.
8. Information on the vocational educational needs of the student.

There must be one IEP developed regardless of the number of related services being provided. Any IEP which is developed must later be reviewed at least annually in an IEP meeting conducted by the CSC. In an IEP, the goals and objectives, functional levels, and evaluation are related. Each of these is part of the whole - the IEP.

An IEP is not:

1. A detailed daily, weekly, or monthly instructional or lesson plan.
2. A "performance-type" contract which can be held against a teacher or school if a student does not meet projected outcomes.

Reaching a Consensus

Reaching a consensus requires each individual to consider the total needs of the student. Not every conceivable goal or objective can always be productively included in the IEP. The CSC as a group has to determine which goals are the most urgent and require immediate attention. Through an informal process of gathering opinions, a consensus is formed. If the CSC believes strongly that goals or other elements which could not be addressed in the present IEP should be considered in the future, that information should be entered on the IEP.

Directions for Developing the IEP

When the student's IEP is developed at the CSC meeting, all the items on DS Forms 2501 and 2503, "Department of Defense Dependents Schools Individualized Education Program," must be addressed in accordance with the following directions. It is stressed that these are the only authorized forms to be

used in DoDDS. Since the forms were printed, it has been determined that several pieces of information should be added to them. These items are identified with asterisks next to the item numbers below. The items outlined below are identified with a matching circled number on the sample IEP pages which follow. An example of a completed IEP coversheet is included in the appendix.

Item 1: Enter the legal name of the student. Enter the full name of the sponsor. When designating the school, enter the school name and the community in which it is located.

Item 2: When specifying the date of birth, use day, month and year. The month should be written out when a day is specified to avoid any possible confusion. The date of rotation should be as close to the official date as can be estimated and should project both month and year. The grade used in this blank is to reflect the actual regular education class to which the student is assigned. When a student is not assigned to a regular class or grade, this blank should be marked "ungraded".

* Item 3: In the blank area following the Signatures of Participants in the IEP Meeting, enter the date of the meeting at which the IEP was developed.

Item 4: The actual signatures of all the participants in the IEP meeting must be inserted on the appropriate lines. Only those who actually attended the meeting may sign as participants. In the spaces which do not have printed position titles, the position of the signing individual must be included. The second parent in attendance at the meeting may sign on one of these lines. In the event that participants exceed the spaces provided, a separate sheet must be attached to indicate the presence of these individuals.

* Item 5: In the area of Parental Approval, the parent(s) or guardian must cross out one of the choices on item number two in this section and affix his, her, or their signature(s) and date. An entry, numbered (4), must be typed on the forms prior to the meeting:

(4) I approve of the educational placement.

* Item 6: Type in this area: "Unless indicated otherwise, all services are provided on an academic year basis."

Item 7: Please note on the IEP form, the number 7 appears in two places. This number is used to show that the principal or administrative designee of the school agrees to provide the resources necessary to implement the IEP.

Item 8: If the IEP is to be implemented in a non-DoDDS facility, this box must be checked by the DoDDS principal and the certification must be attached.

Item 9: The date entered on this line is the beginning date of instruction and/or related services for this IEP.

Item 10: The Annual Review Date is the agreed-upon date when the CSC will formally review this IEP (not to exceed 1 year from the date of the IEP meeting). When an annual review is conducted, a new IEP form with cover sheet must be completed.

Item 11: If there is a review of this student's IEP prior to the annual review, the date of the review is entered here. A review may be made at any time during the school year. The request for a review may be made by anyone on the CSC, including the parents. If the review is made, e.g., to check on the student's progress in a specific area, and no modifications are required on the IEP, the review date in item 11 is completed. The complete record of the meeting is recorded on a CSC report form, e.g., Minutes of the Case Study Committee Meeting (form C). If a minor modification is required the change is recorded on the IEP continuation sheet and a CSC report form is completed. A minor modification is a change of less than 25 percentage points in the total time in Special Education with no change in placement.

The parent(s) should initial each change on the continuation form and a photocopy of the revised form should be provided to them. For major modifications, the review date should be completed and the instructions under item 15 should be followed.

Item 12: The area provided for "Time in the Regular Program" is indicated as a percentage of the total hours of the school week.

Item 13: Enter in the space provided for the "Three-Year Reevaluation" a date which is determined by projecting 3 years from the most current comprehensive multidisciplinary assessment.

Item 14: This section is to be used only upon termination of all special education services.

Item 15: Any major modification should be accomplished through IEP review procedures and a new IEP (DS Forms 2501 and 2503) must be completed. Major modifications include any changes in placement or a change of more than 25 percentage points in time in the special education program. If in agreement, the parent initials the space provided for major modifications indicating that the IEP has been superseded by a revised IEP completed with the IEP/CSC. If appropriate, the annual review date may be changed to a period not to exceed one year from the date of the modification. The special educator is encouraged to discuss the student's progress with the parents. However, no changes on the IEP can be made. Any changes require action by the full CSC.

Item 16: Annual goals are written to reflect priority needs. Annual goals are projected from the current review of assessment data.

Item 17: Short-term objectives are written in direct relationship to the goal. They are (a) sequentially stated, and (b) measurable interim steps between the student's present level and the annual goal. At least two short term objectives are developed for each annual goal.

Item 18: For each annual goal, state the child's present level of functioning. This may include specific and current test results, observations, and classroom functioning.

Item 19: Indicate the criteria that will be used to measure achievement of each objective developed in item 17. These can include formal test results, observations, or classroom performance. Specify the level of attainment needed for mastery of objectives.

Item 20: Specify which program will provide the services to the student. List all special providers that will be involved in meeting the needs of the students; e.g., special education, RIS, counselor. Do not list the names of individuals.

Item 21: For each service provided, specify the amount of time the student will receive the service. This can be stated either on a daily basis or weekly basis but should be time or period specific; i.e., 30 minutes daily/5 times a week or 2 periods a day. The period approach is more appropriate for high schools.

Item 22-23: For each service, specify the beginning date and ending date. The ending date may not be later than the annual review date. If the duration for services includes an extended instructional period, the IEP must specify that services will be provided during an extension of the school year. However, if the annual review date is in the next school year and the IEP specifies a goal with an ending date during the next school year, the IEP does not have to state in this item that the summer vacation period is not included if that is the intention of the CSC. The statement in item 6 clarifies this issue.

Item 24: When items 16-23 are all completed, then the CSC must address and document on the IEP the following;

1. Physical Education-
A statement reflecting a student's participation in physical education or in a specially designed program or a statement that the physical education requirement has been met for secondary students.
2. Vocational Education-
This area must be addressed on all secondary IEP's. The vocational education statement may:
 - (a) reflect the program the student will participate in, or
 - (b) reflect the program the student has already completed, or
 - (c) reflect the student's or parent's choice not to participate in vocational offerings.
3. Specialized transportation when appropriate.
4. For secondary students, this section shall contain the student's course schedule, which also indicates with an * which courses have been modified.

Physical Education

Includes the development of:

1. Physical and motor fitness.
2. Fundamental motor skills and patterns.

3. Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

The IEP of a handicapped student shall provide for the opportunity to participate, with adaptations when appropriate, in the regular physical education program available to the nonhandicapped student, unless, based on the assessment information, the student requires specially designed physical education. If the prereferral indicated that modifications or a specially designed physical education is necessary, the assessment team should include a physical education instructor and appropriate medical personnel. If specially designed physical education is prescribed in the student's IEP, DoDDS must provide such education directly or make arrangements for the services to be provided by a non-DoDDS school, agency or other entity.

If the handicapped student is enrolled full-time in a separate facility, DoDDS must ensure that the student receives appropriate physical education services.

When the handicapped student's IEP specifies that "specially designed" physical education for the handicapped is required, such a program may be provided by:

1. special education personnel or related service personnel who have the necessary skills and knowledge;
2. physical education teachers with necessary skills and knowledge;
3. occupational therapists; or
4. physical therapists.

Physical therapy or occupational therapy cannot be used as a substitute for the adapted physical education program. But the occupational therapist or physical therapist may provide adaptive physical education.

Secondary Physical Education

When a student with an active special education IEP has completed the physical education requirement or credits necessary for graduation, the student's IEP must have a statement that the physical education requirement has been met. However, a specially designed program may be provided as determined by the CSC.

Vocational Education

This area includes organized educational programs directly related to the preparation for paid or unpaid employment or for additional training in a career requiring other than a baccalaureate or advanced degree.

Vocational education will be made available to handicapped students. These students must have access to the variety of vocational education programs and services that are offered to nonhandicapped students, as well as specially designed instruction in the career or vocational area.

A vocational education component is an essential element in the handicapped student's IEP. Academic subjects can be modified to incorporate vocational goals, specially designed instruction can be developed, or the handicapped students can participate in vocational classes and work experiences.

The following vocational education sequence is recommended:

1. Career awareness.
2. Career exploration.
3. Vocational or occupational training.
4. Job placement.

Throughout this sequence of prevocational or vocational experience, career assessment and counseling should be provided to the student.

Even though vocational education is most frequently associated with secondary schools, consideration should be given to prevocational activities at the junior high level.

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS INDIVIDUALIZED EDUCATION PROGRAM (IEP)

	1 STUDENT'S NAME: _____ SPONSOR'S NAME: _____ SCHOOL: _____ 2 Date of Birth: _____ Date of Rotation: _____ GRADE: _____										
Signatures of Participants in the IEP Meeting: 3 _____ (Parent/Guardian) _____ (Principal/Designee) _____ (Regular Teacher) _____ (Special Education Teacher) _____ () _____ () _____ ()	Parental Approval: (1) I acknowledge that I have received a copy of DoD Instruction 1342.12. My due process rights under the Instruction have been explained to me, and I understand them fully. 5 (2) I agree/disagree (cross out one) with this IEP. (3) I have received a copy of this IEP. _____ Parent(s)/Guardian(s) _____ Date 6	School Authority Approval: On behalf of the 7 _____ School, I approve this IEP. ☐ If the IEP is "to be implemented within a non-DoDDS facility," the certification required by paragraph E.1.b., enclosure 3, DoD Instruction 1342.12, is attached. 8 7 _____ Principal/Designee _____ Date									
IEP Time Lines: Program Entry Date: 9 _____ Review Date: 11 _____ Review Date: _____ Review Date: _____ Annual Review Date: 10 _____	Time in Regular Program 12 _____	Parental agreement with major modifications <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Initials</td> <td style="width: 50%; text-align: center;">Date:</td> </tr> <tr> <td style="text-align: center;">15</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Initials	Date:	15						Three Year Reevaluation Date: 13 _____ Date of Termination of special education services: 14 _____ Parent(s)/Guardian(s) _____
Initials	Date:										
15											
(1) Yellow Copy: Permanent School File (2) Salmon Copy: Parent's Copy (3) Blue Copy: Special Education Teacher (4) Pink Copy: Regular Teacher (5) Green Copy: Distribution Copy											

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DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Continuation Sheet

Page: _____

STUDENT'S NAME: _____

(1) Annual Goals and (2) Short-Term Instructional Objectives	(3) Present Level of Performance	(4) Criteria for Achievement of Objectives	(5) Service Provider	(6) Time in Program or Service	(7) Projected Dates	
					Begins	Ends
16 17 24	18	19	20	21	22	23
61						62

DEVELOP IEP VII - 11

VIII

REVIEWING THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP meetings must be conducted to review and revise the IEP. A review meeting may be held any time during the calendar year at the request of the parent, teacher, or school.

The IEP for each handicapped child must be formally reviewed at least annually in IEP meetings of the CSC that must include at least the following participants:

1. The student's regular teacher (as described in section I).
2. A teacher of special education.
3. The principal or representative of the DoDDS school, other than the student's teacher, who is qualified to provide or supervise the provision of special education.
4. One or both of the student's parents.
5. Student when appropriate.
6. Others at the discretion of DoDDS or the parent.

Preparation for IEP Review

Prior to the annual review meeting, the special educator(s) and/or service provider(s) have the responsibility to:

1. Review the criteria for achievement of objectives as specified in the IEP continuation sheet and determine whether short term objectives have been met.
2. Record pertinent IEP review information.
3. Confirm with the case study manager that parents were notified of the review meeting.

IEP Annual Review Meeting

At the annual review meeting, each short-term objective listed on the IEP is reviewed and its achievement is verified. Documentation of this is made next to appropriate objectives. This information is recorded on the copy of the IEP which is maintained in the student's special education folder.

At the meeting, long-term goals and objectives are considered, and a decision is made by the CSC whether the child continues to be in need of special education. If so, a new IEP is developed by the committee for the ensuing year. It is necessary that new IEP forms (DS Forms 2501 and 2503) be completed. The CSC may not extend the former IEP or make other notations on the forms. On the new IEP form, the projected annual review date must be no more than one year from the date of the current review meeting.

Termination of Special Education Services

When special education services are no longer necessary, the IEP must be so annotated. The termination of services requires prior parental permission or the order of a hearing officer or court of competent jurisdiction. For all special education and related services to be discontinued, the student either no longer meets the eligibility requirements of DoDI 1342.12 or is over 21 years of age.

The termination of services is a serious step and should occur only after an assessment has been conducted and a thorough IEP review has been carried out by the CSC.

Reasons for termination include:

1. The student no longer requires special education and related services (e.g., the child's voice disorder has been corrected and his or her educational performance is no longer adversely affected). Completion of written CSC documentation is required.

A parent may request termination of special education and related services. The parent's request should be in writing. If the CSC agrees, the services are discontinued. However, if the CSC does not agree, the dispute management system must be invoked by the school.

If a termination of special education services is made by the CSC, the agreed upon date of termination is placed on the cover sheet of the IEP which is being reviewed. The parent's or guardian's signature is required.

2. Upon the student's graduation from high school, the IEP is automatically terminated.

3. When the student reaches 21 years of age, i.e., in the school year in which he or she reaches 21 by December 31, services are terminated. A student who is 20 years old in August, but will be 21 by December 31, should not be admitted to school.

Graduation

Graduation constitutes a release from all services and is a change in placement requiring CSC action. Generally, the parents must approve of the graduation or it must be ordered by a hearing officer or a court of competent jurisdiction. However, a student may be graduated in either of the following circumstances without parental consent:

1. The student has satisfactorily completed the minimum academic credit requirements for graduation applicable to nonhandicapped students, or
2. When the student has completed graduation requirements specified in the IEP and services are no longer required. In this case, the IEP shall state what requirements must be satisfactorily met to be eligible for graduation.

For further information on current graduation and grading requirements that affect handicapped students, refer to the DoDDS Administrators' Guide, DSM 2005.1.

Transfer Procedures

The transfer of students is a common occurrence in DoDDS due to the highly mobile population served. Students continuing within the system also will be making transitions between schools or within components of a school complex as they advance from one level to the next. Every effort possible should be extended to these students and their families to assure smooth transitions and to minimize the stress associated with change.

Transfer into Complex

When a new student with a current IEP transfers from another school system (CONUS or DoDDS) to a DoD dependents school, the CSC at the receiving school must meet as soon as possible in order to review the current IEP. The receiving school may accept the student as being eligible for special education and related services based on appropriate written documentation. The CSC will decide if it is necessary to conduct an evaluation in order to determine appropriate services for meeting the student's needs and to develop a new or modified IEP. The student will be provided special education services equivalent to those specified in the accompanying IEP until such time as the new IEP is developed and approved by the parents. In summary, there are three actions possible when a student transfers with a valid IEP.

1. Implement the IEP, or
2. Initiate a meeting to revise the IEP, or
3. Initiate a current evaluation of the student in an effort to formulate an appropriate IEP.

When a student transfers to a school without an IEP, but the parents report that their child was in special education, the school may:

1. Request that the parents sign a release and send it to the previous school in order to obtain the student's records. In extraordinary cases, initial verification of the prior placement may be by telephone.
2. The CSC shall be provided with a description of the program and service delivery provisions of the IEP. As soon as possible, the CSC must develop an assessment plan, obtain parental consent to conduct the assessment, meet to determine eligibility, and, if the student is eligible, meet to develop an IEP.
3. The student must be placed in regular education services if there are no supporting documents except as provided in paragraph 1, above.

Transfer out of Complex

Upon notification that a student's transfer from the school is imminent, the CSC should meet to conduct a review of the IEP to assure that the student's

present status of continuing needs is adequately reflected in documents to be forwarded to the receiving school. With written documentation of parental approval, a copy of appropriate information from the student's special education folder is transferred to the receiving school. A copy of the current IEP is given to the parents to hand-carry to the receiving school.

Transfer within Complex

In the case of a student being promoted from one school to another within a complex (for example, from the elementary school or from the junior high school), the CSC chairperson of the sending school must assure that:

1. The educational needs of students being transferred are communicated to the CSC chairperson of the receiving school. For example, before the end of the school year, the receiving school might be sent a letter specifying how many handicapped students will be transferring and what special needs these students might have.
2. The transferring student is scheduled to continue in special education programs appropriate to his or her needs for the succeeding school year. Advance notification should allow the region to secure adequate staff to meet programmatic needs.
3. A joint meeting between CSC members of the sending school and at least one CSC member of the receiving school may be scheduled at the end of the year for the annual review of the IEP and to develop a new IEP. It is suggested that the meeting be held at the sending school.
4. The student's special education folder is transferred to the CSC chairperson of the receiving DoDDS school within the complex at the close of the school year.

IX

SPECIAL EDUCATION SERVICE DELIVERY

Special Education is defined in DoD Instruction 1342.12 as "Specially designed instruction, at no cost to the child or parent, to meet the unique educational needs of a handicapped child, including education provided in a school, at home, in a hospital or in an institution, physical education programs, and vocational education programs." (Emphasis added)

No Cost

With respect to a student attending a DoDDS school on a space-required tuition-free or a space-available, tuition-free basis, specially designed instruction and related services are provided without charge; but incidental fees that are normally charged to nonhandicapped students or their parents as part of the regular educational program may be imposed. With respect to a child attending a DoDDS school on a tuition basis, the "space-available" term does not preclude the imposition of additional charges to reflect the cost of special education and related services as prescribed in DSR 2030.1, "Space-Available Eligibility Requirements for Education of Minor Dependents in Overseas Areas." Refer to DoDI 1342.13 for a complete explanation of the various space-available subcategories.

Least Restrictive Environment

The placement decision must be designed to educate a handicapped child in the least restrictive environment, so that the child is educated to the maximum extent appropriate with children who are not handicapped. Special classes, separate schooling or other removal of handicapped children from the regular educational environment may occur only when the nature or severity of the handicapping condition is such that the student cannot be educated satisfactorily in regular classes with the use of supplementary aids and services.

The CSC also will ensure that policies and procedures are in effect that allow a student to be placed in the least restrictive environment and moved to a more or less restrictive environment when appropriate. When determining the student's educational placement, the CSC must adhere to the following principles:

1. The student is to be educated to the maximum extent appropriate with children who are not handicapped. The CSC must ensure that a handicapped student has the opportunity to succeed in the regular classroom and, if not able to function in a particular subject with appropriate modifications and adaptations, will receive educational help in a special education classroom.
2. Removal of handicapped children from the regular educational program shall occur only when the nature or severity of the handicap is such that the child cannot be educated satisfactorily in regular classes with the use of supplementary aids and services. "Satisfactory" may be defined as functioning with success within one of the subgroups of the class--not in

isolation. The CSC must develop procedures to ensure that a child placed in a self-contained environment is returned to a less restrictive environment, if appropriate.

3. The student's educational placement must be as close as possible to the residence of the sponsor.

4. The student's educational placement must be in the school the child would attend if he or she were not handicapped, unless the IEP requires some other arrangement.

5. The student's educational placement must be predicated on the consideration of all factors affecting the child's well-being, including the effects of separation from the parents.

6. The student must be given the opportunity to participate, to the maximum extent appropriate, in school activities (including meals and recess) with nonhandicapped children.

Specially Designed Instruction

Specially designed instruction can take place in a variety of settings or classroom models. It must be remembered that the placement of a student is determined by his or her unique needs, not by a predesigned or existing program. It is imperative that the program fit the child, not that the child fit the program. Services must be in accordance with the student's IEP.

Continuum of Services

In design of an educational program for a handicapped student, the CSC must consider placement options ranging from the least restrictive to the most restrictive environment. This continuum consists of:

Consultative intervention services -- (regular class with modifications) The handicapped student remains in the classroom for 100 percent of the school day. The regular classroom teacher receives consultative assistance from an individual with expertise in special education or related services. This specialist may assist the regular classroom teacher with adaptation of the physical environment, modification of curriculum, and the utilization of specially designed or adapted materials.

Intervention services -- The student remains in the regular classroom for 100 percent of the school day. However, a special educator provides direct instruction and other intervention if necessary in the regular classroom.

Resource room -- The student receives special education services, including direct instruction, for (up to approximately) 50 percent of the instructional day. Generally, the student leaves the regular classroom in order to receive special education services.

Special class -- (approximately 51 to 100 percent of the school day) The student receives special education and/or related services in a special education and related service environment for varying lengths of time depending upon individual needs. As the amount of time out of the regular

classroom increases, the placement becomes more "restrictive." Often a student must be transported to another school, when his or her needs require a large percentage of the day in special education and/or related services.

Separate facility -- The student receives special education and related services in a separate facility other than a regular school.

Home or Hospital instruction -- The student receives special education services in a setting other than a school (home or hospital). The student cannot attend the regular school because of a physical or medical condition.

Non-DoDDS placement -- In rare instances, the student may require an intensity of services that cannot be met by a DoDDS school. This does not relieve DoDDS of the obligation of providing a free appropriate education. The placement of a DoDDS child in a non-DoDDS school must be carefully coordinated among the parent(s), schools involved, the regional office and ODS. DoDI 1342.12 governs when a handicapped student is placed in a non-DoDDS school.

Placement Procedures

Throughout the placement procedures, the CSC must ensure that:

1. Educational and related service decisions are made by a multidisciplinary team,
2. Placement is based upon the IEP,
3. Placement is reviewed on at least an annual basis,
4. Parents consent to the placement, or it is ordered by a hearing officer or a court of competent jurisdiction, and
5. Any change in placement is approved by the parents, or it is ordered by a hearing officer or a court of competent jurisdiction.

Delivery of Services Region-Wide

The goals and objectives contained in the child's IEP reflect the unique needs of the student. Regional planning must ensure that:

1. A full continuum of services is available to all students in each region.
2. Procedures are in place to allow the procurement of needed services not currently available in DoDDS.

DoDDS must provide appropriate special education services required by all handicapped children eligible to receive instruction from DoDDS. To the maximum extent possible, all special education services will be provided within the school in which the student is enrolled, including related services such as physical and occupational therapy.

DoD Instruction 1342.12 mandates that the CSC must use all locally available community, medical, and school resources to facilitate the implementation of a student's IEP. The search for resources should focus on the specific functional needs of a student. It is frequently but incorrectly assumed that certain needs can only be met by specific professionals or programs. However, there rarely exists a direct one-to-one relationship between the individual student need and a single professional or program. Indeed, once defined, a given student's need can typically be met in a variety of ways.

Emergency Acquisition of Materials or Equipment

When and if an emergency arises requiring a priority order for materials or equipment for a handicapped student enrolled in a special education program, special procedures are to be followed. All emergency requests must be submitted through the CSA office to the regional office.

1. Each order must carry a priority designator. These priorities are specified by the Office of the Secretary of Defense in DoD Directive 4410.6, "Uniform Material Movement and Issue Priority System," and are contained in the Military Standard Requisitioning and Issue Procedure (reference (e)).

a. Priority 08 is the highest designator that DoDDS can use. It means that a student is unable to perform the basic education mission without these materials.

b. Requisition for materials or equipment essential for a handicapped student should include on the order form a short statement explaining the urgency.

c. Only regional offices may submit emergency requests to Defense General Supply Center (DGSC) as follows:

(1) Requests must be submitted by message to DGSC, Richmond VA/PJ as action addressee and DoDDS-Washington, D.C. as info addressee.

(2) The message must furnish all the information required on the DS order form that would ordinarily have been used.

(3) The message MUST explain why the request is an emergency.

2. The above emergency procedures are described in "DoDDS Material Management Manual," (DSM) January 1984, Change 2, II-7, II-9.

RELATED SERVICES

The provision of related services is the joint responsibility of DoDDS and the various military medical departments. Even though a joint relationship exists, DoDDS is charged with the overall duty to provide an appropriate education for each handicapped student. The CSC must contact the medical facility to arrange for appropriate medical personnel to participate in diagnosis and/or service delivery. If timely related services cannot be secured, the CSC must complete the required report on the current unavailability of related services. This report is submitted to the CSA, and regional special education personnel are then involved. If resolution cannot be achieved at the regional level, the case is forwarded to ODS. Through the leadership of the DoD Coordinating Committee on Special Education and Related Services, the case will be resolved.

If no military medical support services are available in an area, the regional office will take appropriate actions to obtain services through alternative actions, e.g. contracting to ensure that the handicapped student receives a free appropriate education in a timely manner. These actions should occur in consultation with ODS. Because these situations are handled on an individual basis, they will not be addressed in this Guide. If DoDDS must provide or pay for the delivery of a medically related service, the cognizant regional director must send a letter to the responsible military treatment facility commander stating that DoDDS has acted under protest and only to protect the student's interests. The letter will report the cost of the services and the sponsor's status and demand reimbursement from the military department that is responsible for providing the service. The regional director will send a copy of the letter to ODS.

The involvement of the military medical treatment facility in securing related services should occur in an orderly manner. Sample form letters which request services from the military medical treatment facility are included in the Forms section (form N).

Related services are defined as "Transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education pursuant to that child's IEP. The term includes speech therapy and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluative purposes. The term also includes school health services, social work counseling services in schools, and voluntary parent counseling" (DoDI 1342.12, Encl.2, section 15).

Process

In order for a child to receive related services from DoDDS or a military department, the child must be identified as having a handicapping condition, or, in the case of diagnostic services, be suspected of having a handicapping condition. No related service should be specified in an IEP without an appropriate assessment by competent professionals.

Military Department Responsibilities

"The Secretaries of the Military Departments shall provide those related services that are supplied by a physician or that require professional medical supervision. In general, those services, which are diagnostic and therapeutic in nature, shall be provided to DoDDS by the appropriate military command having responsibility for medical care in the geographical region. The services provided by the Secretaries of the Military Departments include medical services for diagnostic evaluation purposes, occupational therapy, physical therapy, and audiology as may be required to assist a handicapped child to benefit from special education." (DoDI 1342.12, Sec. 2) The military departments may provide these services directly or on a contract basis.

Related Services Defined

The definitions used for the related services are taken directly from DoDI 1342.12. Where further explanations are provided, they are enclosed in brackets.

1. Audiology: This term includes:
 - a. Identification of children with hearing loss.
 - b. Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention designed to ameliorate or correct that loss.
 - c. Provision of ameliorative and corrective activities, including language and auditory training, speech-reading (lip-reading), hearing evaluation, speech conservation, the recommendation of amplification devices, and other aural rehabilitation services.
2. Counseling Services. Services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.
3. Early Identification. The implementation of a formal plan for identifying a disability as early as possible in the child's life.
4. Medical Services. Services provided by a licensed physician to determine and diagnose, in conjunction with the Case Study Committee (CSC), whether a child has a medically related handicapping condition that results in the child's need for special education and related services.
5. Occupational Therapy. Services [identified] provided or supervised by a qualified occupational therapist.
6. Parent Counseling and Training. Assisting parents in understanding the special needs of their child's development and special education.
7. Physical Therapy. Services provided or supervised by a qualified physical therapist.

8. Psychological Services. This term includes:

- a. Administering psychological and educational tests and other assessment procedures.
- b. Interpreting test and assessment results.
- c. Obtaining, integrating, and interpreting information about a child's behavior and conditions relating to his or her learning.
- d. Consulting with other staff members in planning school programs to meet the special needs of children, as indicated by psychological tests, interviews, and behavioral evaluations.
- e. Planning and managing a program of psychological services, including psychological counseling for children.

9. Recreation. This term includes:

- a. Therapeutic recreational activities; [e.g., swimming.]
- b. Recreational programs in schools and community agencies.

10. School Health Services. Services provided by a qualified school nurse or other qualified health professional. The term does not include catheterization, injections, transfusions, or administration of any drug or substance, whether or not prescribed, recommended, or authorized by any physician, nurse, another health professional, or other person. The term also does not include any medical or nonmedical procedure, treatment, or course of treatment necessary to sustain or maintain a child's life, life function, or life support function. Nothing herein shall be construed to preclude a duly trained, certified, or licensed DoDDS employee from performing any of the foregoing activities when authorized or directed by a DoDDS Regional Director.

11. Social Work Counseling Services in Schools. This term includes:

- a. Preparing a social or developmental history on a handicapped child.
- b. Counseling the child and his or her family on a group or individual basis.
- c. Working with those problems in a child's home, school, and community that adversely affect the child's adjustment in school.
- d. Using school and community resources to enable the child to receive maximum benefit from his or her educational program.

12. Speech Therapy. [This is considered a related service when the student is receiving services under another criterion.] This term includes the:

- a. Identification of children with speech or language disorders.

- b. Diagnosis and appraisal of specific speech or language disorders.
- c. Referral for medical or other professional attention to correct or ameliorate speech or language disorders.
- d. Provision of speech and language services for the correction, amelioration, and prevention of communicative disorders.
- e. Counseling and guidance of children, parents, and teachers for speech and language disorders.

13. Transportation. This term includes the following services rendered pursuant to the IEP of a handicapped child:

- a. Travel to and from school and between schools, including travel necessary to permit participation in educational and recreational activities and related services.
- b. Travel in and around school buildings.
- c. Specialized equipment (including special or adapted buses, lifts, and ramps), if required to provide special transportation for a handicapped child.

When necessary DoDDS will provide an aide to assist the child during transportation. All travel expenses related to the student's IEP are to be at no expense to the parent, including travel for related services. It is the responsibility of the local military command to secure any equipment necessary to fulfill this need. Under Inter-Service Agreements (ISA's), DoDDS will pay for the services secured by the military for transportation between the student's home and school. The military departments pay for transportation between school and medical treatment facilities.

Transportation of Handicapped Students for Diagnostic and Evaluation Purposes

Space-required and space-available, tuition-free DoDDS students, who are or may be considered handicapped under DoD Instruction 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as prescribed in Joint Travel Regulation (JTR), Volume 2, for travel by employees on temporary duty, when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DoD Instruction 1342.12, and travel is necessary in connection with such diagnosis or evaluation. If those authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation or to escort the student, transportation expenses and per diem or actual expense allowances as applicable, are also authorized for the parents or guardian. Transportation and per diem or actual expenses will be in accordance with temporary duty provisions in this volume if the parent and guardian is a uniformed member in accordance with temporary duty travel provisions prescribed for civilian employees in JTR, Volume 2, if other than a uniformed member.

Scope of Related Services: Limitations

Certain items or services are clearly not related services. A CSC may not include them in an IEP.

Items and services which are not related services include, but are not limited to:

1. Hearing aids
2. Eye glasses
3. Pencils and paper
4. Lunches
5. Medicines
6. Physical education clothes and uniforms
7. Orthodontic intervention

School authorities are encouraged to assist parents in obtaining items or services when necessary.

Reporting the Unavailability of Related Services

DoDDS is committed to providing appropriate related services in a timely manner. To ensure that the regional office and ODS can support the prompt acquisition of these services, the following reporting procedures must be followed:

1. A school CSC with the assistance of the CSA will report directly to the regional office when (a) the related services required for assessment are not scheduled to occur in a timely manner, or (b) the related services specified on the student's IEP are not provided within 2 weeks of the date proposed on the IEP.
2. If the regional office cannot obtain the required related services within a 2-week period after the receipt of the local report, the regional office will report the status of service acquisition directly to ODS for intervention.
3. Each regional office will maintain a record of the cases referred to it or to ODS. Composite data will be reported to ODS in December and May of each school year.

At each of these steps, copies of relevant correspondence should be sent to the military medical treatment facilities involved.

DoD Coordinating Committee on Special Education and Related Services

In an effort to ensure that a mechanism exists for addressing problems that might arise in securing appropriate services for handicapped students, the DoD Coordinating Committee was established by DoDI 1342.12.

The Assistant Secretary of Defense (Manpower, Installations and Logistics), or designee, is the chairperson of the DoD Coordinating Committee, which is composed of representatives of the Secretaries of the Military Departments, the ASD (MI&L), the Assistant Secretary of Defense (Health Affairs), the General Counsel of the Department of Defense, and DoDDS.

The DoD Coordinating Committee monitors the provision of related services furnished under DoDI 1342.12, and ensures that related services and DoDDS special education programs are properly coordinated. They also ensure that impartial due process hearings concerning disputes arising under DoDI 1342.12 are provided in conformity with the Instruction.

Local Coordination

As a referral is processed through a CSC, there is often a need for cooperation and coordination between the school and the military medical community. It is appropriate for military medical personnel to participate with the parent(s) and DoDDS personnel in determining whether a child has a handicapping condition requiring special education and related services if there is a possibility that the child needs medically related services. Care should be taken at this point that:

1. The determination that a child is handicapped is not made by a single person, and
2. The placement or service delivery determination is not made by a single person.

Military medical personnel should participate as part of the multidisciplinary assessment team and CSC that make such determinations. They also participate in the IEP development of the children that they will be working with or providing medical supervision. All members of the CSC have equal responsibility and authority to ensure that the handicapped child receives appropriate services.

XI

OTHER PROGRAM OPTIONS

Preschool Programs

DoD Directive 1342.13 speaks to the eligibility requirements for the education of minor preschool dependents in overseas areas. Specifically, a DoD preschool minor dependent student is one who:

- a. Is the child, stepchild, adopted child, or ward of a DoD sponsor, or who is a resident in the household of a DoD sponsor who stands in loco parentis to such individual and who receives one-half or more of his or her support from such sponsor; and
- b. Is handicapped, and is between three and five years of age by December 31 of the current school year, provided that the Director, DoDDS, or designee, in his or her sole discretion, determines that adequate staff and facilities are available to serve such a handicapped child.

It should be noted that there is a "permissive" aspect to the location of preschool handicapped programs. Hence, the establishment of a preschool program is based on a determination of adequate resources. In all cases, that determination is made by Director, DoDDS, or designee.

Delivery of Preschool Services

Preschool programs are designed to provide early intervention to remediate the child's developmental deficits while enhancing the child's strengths. A potentially handicapped preschool-aged child is referred to the local school CSC. The processing of a preschool referral is essentially the same procedure as for a school-aged student. All eligible students are entitled to identification. However, comprehensive evaluations of and the actual delivery of services to the preschool-aged child depend upon available resources.

Service delivery models may be school-based or home-based. Parental involvement is a critical component in both models. The areas that are usually stressed in a preschool program are gross and fine motor, perceptual development, speech and language development, self-help skills, and social and emotional development. DS Manual 2500.6, Program Guide for Preschool Exceptional Children, provides in-depth guidance in program implementation.

When there are more applicants than spaces available for the DoDDS preschool program, the following criteria for enrollment will apply:

1. All children who, but for their age, would be space-required students will have first priority in obtaining services. Even if a space-available child was enrolled and receiving services, a space-required child who needs services has priority. If necessary, services

will be discontinued for the space-available child in order to accommodate the space-required student. It is imperative that parents of all space-available children be aware of this possibility and sign a waiver before admission. The form used for this purpose is Attachment 1 DS Regulation 2030.1 (July 18, 1984).

2. In the event that there are more space-required students than spaces available, those students will be served on a first-come, first-served basis until, and if, additional services are secured. At the locations identified to the military as having preschool programs, DoDDS has made a commitment to provide these services. Hence, it is incumbent upon DoDDS to expand these programs to accommodate space-required preschool children whenever possible.

Hospital and Homebound Services

Students who have a medical or physical handicap and who are determined to be eligible for special education and related services and who cannot attend a regular school, even with the aid of transportation, may receive the services of a teacher either at home or in the hospital, prescribed in their IEP's. The CSC of the school should determine the student's eligibility and the services that the student will receive. The following is required:

1. Medical statement from a physician certifying the student's need for a hospital or homebound program.
2. A projected absence by the student from school for at least 15 school days.

The school may employ any certified teacher, appropriate for the child's needs, to provide this service. The recommended time for the program should consider both the child's health and individual educational needs. For some students, instructions by telephone may supplement actual face-to-face contact. The CSC should assure that the IEP is implemented.

For further information on hospital and homebound services, refer to DS Regulation 2500.1.

Dormitory Programs

DoDDS provides dormitory facilities in Spain, Germany, and England for high school students.

In many countries where military and DoD personnel are assigned, it is not practical for DoDDS to offer high school programs for space-required dependents. Most of these dependents are sent to local international schools at DoDDS expense. However, in some cases, appropriate local high school facilities are not available. For this contingency, DoDDS maintains 7-day dormitory facilities in England and Spain, and a 5-day facility in Germany.

If these facilities are considered to be the normal educational placement for nonhandicapped students from a given location, then they are also the normal placement for handicapped students. At each of the high schools where dormitory facilities are located, there is a full continuum of special education services.

When a student is eligible to enroll in a high school with dormitory facilities, the normal procedures for processing an entering student with an IEP should be followed. However, a member of the Regional CSC should be involved in the process. The CSC (including the parents) makes the determination whether the DoDDS dormitory can accommodate the needs of the student. In most instances where there is a concern over the appropriateness of DoDDS dormitory housing, the CSC's deliberations will focus on medical aspects of the case. Hence, it is important in these cases to include a medical person in the decision making process at the CSC meeting. In some cases where there is a need for medical supervision, e.g., emotionally impaired (criterion B), or certain serious physical or learning impairments (criterion A or D), a DoDDS dormitory placement may not be appropriate.

Since the dormitory is part of the child's educational placement, the school CSC is involved in any disciplinary actions that would involve a change in placement. If the student cannot be served in a DoDDS dormitory facility, an appropriate non-DoDDS placement should be secured. Refer to DoDI 1342.12, Encl. 3, section E.

Special Education for Dependents Enrolled in Non-DoDDS Schools

It is the intent of DoDDS that special education for DoD dependents attending non-DoDDS schools reflect the philosophy, purpose, procedures and models which characterize the education of students in DoDDS schools. The substantive and due process rights and procedural safeguards, stipulated in DoD Instruction 1342.12, apply to all handicapped DoD dependent students who are space- required and eligible for a non-DoDDS placement under DoD Directive 1342.13 and to their parents regardless of the school of attendance. Refer to DoDD 1342.13, Section E.1.

Referral of a Student Enrolled in a Non-DoDDS School

If personnel from a non-DoDDS school or parents of a DoDDS student placed in a non-DoDDS school consider the student to be handicapped or potentially in need of special education, the regional office must be contacted immediately. DoDDS may place only space-required students in non-DoDDS schools.

Any parental request made to a DoD school regarding a DoDDS student placed in a non-DoDDS school must be forwarded to the regional office. In addition, names of the children identified through Child-Find must be submitted to the regional office where the appropriate actions will be undertaken.

The DoDDS regional office and regional CSC will assume the responsibility for:

1. Responding to the referral.
2. Reviewing available information.
3. Obtaining an appropriate evaluation of the student.
4. Determining if the student is eligible for special education, in accordance with DoD Instruction 1342.12 and DoD Directive 1342.13, and

5. Developing an IEP for the eligible student with the parents and the receiving school.

The DoDDS regional office will assume all logistical, financial, and monitoring responsibilities for the special education and related services prescribed in the IEP, unless the regional office delegates that authority to a CSA or local DoDDS school principal.

DoDDS cannot reimburse parents or a school for educational expenses (e.g., evaluations, tutoring, supplementary services, related services), if they were incurred prior to approval by the DoDDS regional office.

Handicapped children, eligible to receive instruction in DoDDS, who are referred to a non-DoDDS school or facility by DoDDS, have all the rights of handicapped children who are enrolled in DoDDS schools.

1. Before DoDDS places a handicapped child in a non-DoDDS school or facility, DoDDS shall conduct a meeting to develop an IEP for the child.
2. If DoDDS places a handicapped child in a non-DoDDS school or facility as a means of providing special education and related services, the program of that institution, including non-medical care, room and board, as set forth in the child's IEP, must be at no cost to the child or the child's parents.
3. DoDDS may place a handicapped child in a non-DoDDS school or facility only if the placement is required by an IEP. An IEP to place a student in a non-DoDDS school is not valid until signed by an authorized DoDDS regional official. The IEP shall include determinations that:
 - a. DoDDS does not currently have an educational program appropriate to meet the needs of the handicapped child, and
 - b. The non-DoDDS school or facility and its educational program meet the child's needs and are consistent with DoDI 1342.12.

DoDDS is not responsible for the cost of a non-DoDDS placement, unless it is authorized by the appropriate DoDDS regional office in coordination with DoDDS headquarters pursuant to a valid IEP or if the placement is directed by a hearing officer or court of competent jurisdiction.

Non-DoDDS placements by DoDDS shall be:

1. In accordance with host nation requirements.
2. Subject to all treaties, executive agreements and status of forces agreements between the United States and host nations, and all DoD and DoDDS regulations.
3. As close as possible to the DoDDS school that the handicapped child attends or would otherwise attend.

Extended Instructional Year for Handicapped Students

For some handicapped students, a 10-month academic school year is not sufficient to meet their educational needs. The CSC must determine when an extended instructional period beyond the established school year is necessary, and what additional goals and objectives, if necessary, are to be included on the student's IEP. Generally, instruction extended beyond the school year will be required in cases where the student will experience significant regression in performance or skills if the additional programming is not provided.

If there are any questions regarding the appropriateness of extended instruction for a student, the CSC should contact the special education specialist or regional special education coordinator to help the committee to make their decision. When a decision is made that a student requires an extension, the CSA office should be informed. It will be necessary for the regional office to allocate resources to meet the staffing and logistical requirements for the student's program. All CSC decisions regarding the provision of medically related services during the extension must involve a representative of the appropriate military medical facility.

It is inappropriate for a region, CSA, or school to indicate that extension beyond the established school year programs will not be considered by the CSC. The CSC must consider all the educational needs of the student including instructional extensions beyond the school year if the school is to provide a free appropriate education.

Services to Foreign Students in International Schools (SHAPE, AFCENT)

Foreign students may receive special education on a space-available basis from DoDDS personnel in international schools, i.e., SHAPE and AFCENT, as determined by the CSC. However, these students are afforded no procedural safeguards or other due process rights as defined by DoDI 1342.12. Procedures for staffing and IEP development must follow the regular procedures for all students.

XII

PROCEDURAL SAFEGUARDS

DoDI 1342.12 contains a number of procedural safeguards designed to protect the rights of all handicapped children, and to ensure continuous parental involvement in their child's education.

The documentation, meetings, and procedures outlined in this Guide are minimum and essential requirements. All of the procedural safeguards of DoDI 1342.12 must be afforded handicapped students and their parents.

Due Process

Due process procedures in special education refer to those legal procedures and safeguards created to assure that the child, the parents, and the school are afforded their rights, under the law. Parents have the opportunity to obtain mediation, due process hearings, administrative appeals, and civil judicial proceedings in order to resolve disagreements related to the identification, evaluation, placement, and provision of a free and appropriate public education for their child.

The following procedural safeguards must be observed:

Notice. Parents shall be given written notice before DoDDS proposes or refuses to initiate either an identification or evaluation, or to change the educational placement of a child receiving or entitled to receive special education and related services from DoDDS, or the provision of a free appropriate public education by DoDDS to the child. The notice shall fully inform a parent of the procedural rights conferred by DoDI 1342.12 and shall be given in the parents' native language, unless it clearly is not feasible to do so.

Consent. This term means that:

1. The parent of a handicapped child or the parent of a child with a possible handicapping condition has been fully informed, in his or her native language or in another mode of communication, of all information relevant to the activity for which permission is sought.
2. The parent understands and agrees in writing to the implementation of the activity for which his or her permission is sought. The writing must describe that activity, list the child's records that will be released and to whom, and acknowledge that the parent understands consent is voluntary and may be prospectively revoked at any time.
3. If the parent refuses consent to any formal evaluation or initial placement in a special education program, DoDDS may initiate an impartial due process hearing under DoD Instruction 1342.12 to show cause why an evaluation or placement in a special education program should occur without such consent. If the hearing officer sustains the DoDDS position

in the impartial due process hearing, the appropriate DoDDS school may evaluate or provide special education and related services to the child without the consent of a parent, subject to the parent's due process rights.

Evaluation

A parent is entitled to an independent evaluation of his or her child at DoDDS expense if the parent disagrees with the findings of an evaluation of the child conducted by the school and the parent successfully challenges the evaluation in an impartial due process hearing.

1. If an independent evaluation is provided at the expense of DoDDS, it must meet the following criteria:
 - a. Conform to the requirements of DoDI 1342.12,
 - b. Be conducted, when possible, within the area where the child resides,
 - c. Follow all DoD regulations regarding the host nation,
 - d. Meet DoDDS standards governing persons qualified to conduct an educational evaluation.
2. If the final decision rendered in an impartial due process hearing sustains the evaluation of the CSC, the parent has the right to an independent evaluation, but not at DoDDS expense.

Protections in Evaluation

1. An evaluation to determine whether a child is handicapped is conducted only with the written consent of the parent, except if authorized by a hearing officer or court of competent jurisdiction.
2. Any child who is receiving or entitled to receive educational instruction from DoDDS and who is referred to a CSC for a possible handicapping condition shall receive a full and comprehensive diagnostic evaluation of his or her special educational needs. The extent of the evaluation is determined by the CSC including the parent(s). An evaluation in accordance with DoDI 1342.12 shall be administered before any action is taken regarding development of the IEP or placement in a special education program.
3. Assessment materials, evaluation procedures and tests shall be:
 - a. Racially and culturally nondiscriminatory.
 - b. Administered in the native language or mode of communication of the child, unless it clearly is not feasible, e.g., when there are no valid printed assessments available in the native language.
 - c. Validated for the specific purpose for which they are used or intended to be used.

d. Administered by qualified personnel, such as a special educator, school psychologist, speech therapist, or reading improvement specialist, in conformity with the instructions provided by the producers of the testing devices.

e. Administered in a manner so that no single procedure is the sole criterion for determining an appropriate educational program for the handicapped child.

f. Selected to assess specific areas of educational need, not merely to provide a single general intelligence quotient.

4. The evaluation shall be conducted by a multidisciplinary team or group of persons from multiple disciplines, and shall include a teacher or other specialist with knowledge in the area(s) of the suspected disability(ies).

5. The child shall be evaluated in all areas of the suspected disability(ies).

School's Rights

In general, DoDDS may seek mediation and a due process hearing concerning the identification, evaluation or educational placement of a handicapped student, or the free appropriate public education of that child.

Disagreements

Disagreements may occur between the school and parents, guardians, students, and DoD employees. The following documents have been generated to resolve disagreements in a systematic manner:

DS Regulation 2500.10, Special Education Dispute Management System
DS Regulation 2500.11, Complaint Management System

The CSC or principal should follow the steps listed in the regulations should a need arise to proceed with a complaint or dispute. The following section provides a brief overview of the process.

Generalized Complaints

DS Regulation 2500.11 (COMPLAINT) is designed to be used to resolve complaints that do not involve specific students. These complaints may be generated by parents, students, or DoD employees. All parents, students, and concerned DoD employees are to be made aware of this regulation and the procedures involved in the Complaint Management System.

Complaints Concerning a Specific Student's Education

DS Regulation 2500.10 (DISPUTE) is designed to be utilized by a parent or guardian or local school principal to resolve disagreements relating to the identification, eligibility, IEP, or free appropriate public education of a specific student. The three sequential steps in dispute management are:

1. Conference,
2. Mediation, and
3. Due process hearing.

The three sequential steps of dispute management become increasingly formal, demanding, and expensive as one proceeds from conferences to hearings. Therefore, every effort should be made to resolve the disagreement at the most informal step possible. It is important to note that the parents, but not DoDDS, may waive their rights to a conference or a mediation session.

Conferences -- When disputes arise between a parent or guardian and a school, the local principal or designee should attempt to resolve the issue(s) through a conference with the parent(s). During the conference, areas of disagreement should be clearly defined and solutions sought through informal discussions.

If this conference between the parent(s) and the local principal results in a mutually agreeable solution to both parties, the principal must write a memorandum for the record (enclosure 2 of DS Regulation 2500.10) outlining the areas of disagreement and the agreed-upon solution(s). If the conference occurs during a CSC meeting, the minutes of the meeting may suffice. The original copy of the memorandum should be maintained by the school and copies should be sent to the parent(s) and regional office.

If the parent(s) and local principal do not agree to a satisfactory solution,

1. The parent(s) and principal shall sign a Request for Mediation (enclosure 3 of DS Regulation 2500.10) which outlines the unresolved areas of disagreements, or
2. The parent(s) may sign a Waiver of Mediation Process (enclosure 4 of DS Regulation 2500.10).

The original copy of either Request for Mediation or Waiver of Mediation Process should be sent to the regional office with copies distributed to parent(s), the local school, and ODS. If the parent(s) have signed the Request for Mediation, the principal also must call the regional office to request the appointment of a mediator. The principal should work with the parent(s) and mediator in establishing a mutually agreeable time and place for the mediation session.

Mediation Mediation is an informal process whereby disputes can be resolved. The two or more sides involved in a dispute are given an opportunity through the mediator to work out between or among themselves a solution satisfactory to all sides. The mediator may or may not be an expert in the field of Special Education. Agreements are reduced to writing and may be submitted in evidence at a due process hearing. Mediation may be requested by either party, but may be waived only by the parent(s).

The following steps must be followed:

The principal requests the appointment of a mediator from the regional office.

The regional director appoints a mediator who serves as an intermediary and attempts to find common areas of agreement between or among the two or more opposing parties. The discussion during mediation focuses on an effort to resolve disagreements.

If the mediation results in agreement, all participants will sign a Mediation Agreement report (enclosure 5 of DS Regulation 2500.10), written by the mediator.

If the mediation does not result in agreement:

1. The mediator will write a Mediation Report (enclosure 6 of Regulation 2500.10), outlining all areas of agreement and disagreement, and
2. The parent(s) and principal will be asked to sign the Mediation Report, which includes a statement that the parent(s) have been informed of her, his, or their due process rights.

A parent must either participate in mediation or refuse mediation in writing before a hearing can be requested. A copy of the written refusal must be maintained in the student's special education folder. No stigma may be attached to the refusal of a parent to mediate or to an unsuccessful attempt to mediate.

3. A due process hearing, which is a formal hearing conducted pursuant to DoD Instruction 1342.12, may be requested by the parents of a handicapped student or the school principal.

Clarification of Steps in a Hearing

The principal or CSC should refer to DoDI 1342.12 (enclosure 4) for more detailed information on due process hearings.

1. The principal's request for a hearing must first be made telephonically to the regional office. This step has been added to speed the process.
2. It is suggested but not required that the parent(s) inform the school principal that they desire a hearing. The principal then must immediately telephone the regional director to inform the director that the parents will file a written request for a hearing. The parent(s) must submit the petition directly to the regional director who has educational responsibility for the student. The principal may receive the parent's petition and transmit it on their behalf to the regional director.
3. The regional director must immediately notify ODS of this request so that a hearing officer may be appointed within the 10-day time limit.
4. Building principals and other concerned professional employees of DoDDS will typically attend a hearing.
5. The hearing officer will file the decision with the regional director and provide a copy to the parents, the school principal, and the director of DoDDS.

6. A parent of the handicapped child may request to waive the requirement for a hearing, with the issue(s) resolved on the basis of written documents provided to the hearing officer by the parties.

7. The DoDDS director, in conjunction with the regional director, may oppose a parental request to waive a hearing. In that event the hearing officer will decide whether a hearing should be conducted.

8. Copies of written documents submitted to the hearing officer by one party must be given to the other party.

9. Either party may appeal a hearing officer's decision, but it must be done within five calendar days after receipt of the hearing officer's decision. School principals must obtain permission from the regional director before filing an appeal.

Special Education Administrative Decisions

DoD Instruction 1342.12 provides for the administrative resolution of disputes between the parents of a handicapped student and school authorities over the student's identification, evaluation, placement or free appropriate education. If mediation is unsuccessful in ending the disagreement, either the parents or the school principal has the right to a due process hearing conducted by an impartial hearing officer, who is an attorney from outside of DoDDS. Both parties have the right to appeal the hearing officer's decision to the Assistant Secretary of Defense (Manpower, Installations and Logistics).

The Freedom of Information Act requires that the decisions of hearing officers and the Assistant Secretary be indexed and made available to the public.

The required book is available at ODS, each CSA, and regional office in DoDDS. School personnel and parents should be made aware of the location and availability of the files.

Elementary School Special Education Files

Documents pertaining to elementary school special education programs include: Prereferral and referral forms and documentation, test protocols, IEP's, CSC reports and minutes, assessment plans and evaluation reports and summaries, correspondence with parents (including invitations to meetings and permission for assessments), files access records, cross-reference location information, and, when appropriate, samples of student's work.

Information on file or folder retention will be included in DS Manual 1100.2. This manual has been issued in draft form for implementation with school year 1985-86. No files, however, should be transferred or destroyed until the final is issued (after approval by National Archives and Records Agency). Projected approval date is May 1986.

Secondary School Special Education Files

Documents pertaining to secondary school special education programs include: Prereferral and referral forms and documentation, test protocols, IEP's, CSC reports and minutes, assessment plans and evaluation reports and summaries, correspondence with parents (including invitations to meetings and permission for assessments), file access records, cross reference locator information, and, when appropriate, samples of student's work.

Information on file or folder retention will be included in DS Manual 1100.2. This manual has been issued in draft form for implementation with school year 1985-86. No files, however, should be transferred or destroyed until the final is issued (after approval by National Archives and Records Agency). Projected approval date is May 1986.

XIII

DISCIPLINARY PROCEDURES

DoD Instruction 1342.12, enclosure 3, section H, gives definitive guidelines that must be followed when disciplinary action involving a handicapped student is being considered. All regular disciplinary rules and procedures applicable to children receiving instruction in DoDDS schools shall apply to handicapped children, unless the student's behavior is a result of the handicapping condition. It is not permissible to include a statement in the IEP that the handicapping condition has no effect on behavior or that the child will be subject to all school rules. Each incident must be handled on its own merits.

Conduct Due to a Handicapping Condition

Prior to any decision concerning suspension or expulsion of a handicapped child, the CSC (including the parents) must determine whether the child's conduct is the result of the child's handicapping condition. If the CSC determines that the child's conduct results in whole or in part from his or her handicapping condition, the child will not be subject to regular disciplinary procedures.

Emergency Suspension

Nothing contained herein shall preclude the emergency suspension of a handicapped child who endangers or reasonably appears to endanger the health, welfare, or safety of himself or herself, or any other child, teacher, or school personnel, provided that:

1. The child's parent(s) or guardian(s) shall be notified immediately of the child's suspension.
2. A CSC meeting (including the parents) will be scheduled immediately to determine whether the child's conduct results from his or her handicap, and what change(s) in service delivery is appropriate.
3. The suspension of the child is only effective for the duration of the emergency.

School Responsibilities

The CSC must address two primary concerns when determining whether or not to apply disciplinary procedures to handicapped students:

1. Is the offense related in whole or in part to the handicapping condition?
2. Is a program or placement modification in order?

It is important that a written record of the CSC meeting where disciplinary procedures are discussed be maintained in the student's special education folder. The written record should contain, when appropriate:

1. A description of observable event(s) and date(s).
2. Name and titles of person(s) involved in event(s).
3. CSC determinations and recommendation(s).
4. A list of alternative disciplinary activities, instead of suspension.
5. A summary of recommendations, documenting why the suspension is necessary.

If a suspension is recommended, the administrator must prepare written notification that includes the ground for suspension, a brief statement of the facts, a description of the events, and a plan for the readmission. The written notification must be presented to the parent(s) or mailed within 24 hours of the suspension. A handicapped child may not ordinarily be suspended for more than 10 school days. Before expulsion is considered by the CSC, the administrator must obtain the regional director's permission.

Parental Participation

Before a change in placement or a major modification in the child's IEP is made, the parent(s) must be invited to participate in an IEP meeting to discuss the matter. A change in placement or a major modification in a student's IEP may not take place until parental approval has been secured or until ordered by a hearing officer or court of competent jurisdiction.

XIV

MONITORING SPECIAL EDUCATION

DoD Instruction 1342.12 requires systematic monitoring of all regional and school special education activities. Detailed descriptions of specific monitoring procedures and activities are outlined in DS Administrative Instruction 2500.8, "Monitoring Procedures for Special Education Programs and Services for Handicapped Students."

The primary purpose of the monitoring system is to verify compliance with policies and procedures of DoDI 1342.12. The system is designed to identify areas needing improvement and/or technical assistance. The monitoring system involves self-monitoring activities, on-site visitations and off-site review of documents.

The monitoring process will include a review of policies, procedures and practices related to:

1. Free appropriate public education.
2. Identification and screening.
3. Evaluation procedures.
4. Individualized education programs.
5. Placement procedures and least restrictive environment.
6. Handicapped children in non-DoDDS schools.
7. Procedural safeguards.
8. Confidentiality of records.
9. Disciplinary procedures.
10. Personnel development.

Self-Monitoring

All schools will conduct continuous self-monitoring activities. These activities are ongoing throughout the school year to ensure that every student is receiving a free appropriate education. Enclosure 4 of DSAI 2500.8 serves as an excellent self-monitoring checklist.

On-Site Monitoring

Formal on-site monitoring visitations to each region by ODS will be conducted, at a minimum, once every 5 years. Prior to an on-site visitation, the schools to be visited will complete the DoD Special Education In-Depth School Self-Study. The In-Depth Self-Study consists of the following elements:

1. A list of special education personnel and their teaching schedules, including current class lists and caseloads.
2. A brief narrative description of programs for special education students.
3. The status of special support services available, such as related services and parent support groups.
4. The strengths and weaknesses of the special education program.
5. A copy of all college or university transcripts for special education personnel.
6. A completed copy of enclosure 4 of DS Administrative Instruction 2500.8.
7. A copy of each form used during the processing of a CSC referral.

The on-site monitoring visitation will include:

1. A review of the in-depth self-study.
2. A review of student records.
3. Interviews of students (grades 7-12).
4. Interviews of teachers and teacher groups.
5. Interviews of parents.
6. Interviews of parent advocacy groups.
7. Classroom visitations.

Worksheets and interview forms are included in DSAI 2500.8. Upon completion of a monitoring visit, the monitoring team will provide a written report of findings within 45 days of the on-site visit. The report of findings will include: (1) a review of all submitted documentation, and (2) an individual evaluation of each component, with the corrective action required, when appropriate.

Off-Site Reviews

The ODS and/or regional office may conduct off-site reviews of documents and data. Documents and data to be reviewed include:

1. DoD Special Education In-Depth School Self-Studies.
2. Special Education Census data.

SPECIAL EDUCATION SERVICE PROVIDERS

Related Service Personnel

A function of related service personnel is to provide services listed in the student's IEP. In the case of physical therapy, the service to be provided should be supervised by physicians. Related service personnel also may perform the following functions:

1. Conduct assessments in the areas for which they have appropriate training, and provide written reports to the school CSC.
2. Provide consultative assistance to the CSC.
3. Contribute to the development of the IEP.
4. Provide consultation to teachers and parents concerning the implementation of the IEP.

Related service personnel must be invited to attend the IEP meetings for students with whom they will or may be working. Written reports of progress are required to be submitted prior to annual review of the IEP. It must be stressed that no member of a CSC has the authority to direct a result and that the CSC may act only as a body.

Special Education Aides

Paraprofessionals normally work under the general supervision of the principal and under the direct supervision of a teacher. In larger schools, they are usually assigned to work with a specific special education teacher who organizes the aide's work, provides specific assignments, and monitors the entire program. However, in smaller schools without full-time professional special educators it is not possible to follow this standard procedure. Hence, the school principal, with the aid of the part-time special educator assigned to the school, must organize the work of the paraprofessionals, exercising creativity and discretion, to enhance the educational opportunities of children with special needs.

Aides support both teachers and the instructional program by performing duties designated by the professional educator. One of the duties which can be performed by aides is to tutor selected pupils, including the oversight of instructional tasks, under the guidance and control of a qualified classroom teacher.

It is the professional teacher who is trained and certified to analyze the instructional needs of pupils and to prescribe educational activities to meet those needs. Teachers working with paraprofessionals must rely on their own professional judgment when assigning duties to aides.

It is expected that an aide will apply a practical understanding of the goals and objectives of the IEP and the particular requirements and activities designated by professionals to attain the desired educational objectives. In appropriate circumstances, the aide may function with considerable latitude and freedom due to involvement with several classroom teachers and itinerant specialists. Nonetheless, responsibility for such professional duties as (a) the determination of educational goals, objectives, and instructional strategies, (b) selection of materials, (c) review of student progress, (d) counseling the student or parents, and (e) similar tasks must remain with the student's teacher.

Paraprofessional Functions

This section addresses some appropriate functions of paraprofessionals.

1. Tutoring. The aide may tutor selected students, individually or in small groups, under the direct supervision of the classroom teacher. Ideally, such tutoring should be undertaken in the child's regular classroom. However, if this is not feasible, the students could be tutored nearby, in a location close enough to permit the teacher to monitor the aide's work. In addition, the tutor (aide) should use the regular classroom materials or supplementary materials selected by the child's teacher. The aide should possess a practical understanding of the learning objectives and of the procedures or requirements involved in the learning activity.

2. Development of Instructional Materials. Under the direction of the classroom teacher, the aide may develop certain instructional materials to be used either in tutoring sessions or in the regular classroom. For example, if a child is learning sight words, it would be appropriate for the aide to make flash cards for the child's use at school or at home, or to write sentences dictated by the student using his or her sight words.

3. Clerical and/or Administrative Functions. The aide also may provide such clerical or administrative support as may be necessary for the child's regular classroom teacher. Examples are: scheduling parent-teacher conferences, grading tests or papers using answer sheets or own knowledge when such areas require only the general knowledge of an adult high school graduate, typing letters to parents, and reproduction of materials.

4. Other Duties. Aides may perform a variety of other functions under the direction of the classroom teacher, e.g., giving oral tests to certain pupils, scheduling make-up work for children, supervision of children working on special projects, reviewing math assignments, reading practice, spelling drills, handwriting practice, and other duties when specialized knowledge and skills are not required. When appropriate they also may participate in parent-teacher conferences or other meetings involving the children with whom they work.

Professional Educator Functions

A distinction needs to be made between the functions of a professional educator and those of a paraprofessional. A professional educator, by virtue

of his or her academic training, experience, and credentials, is qualified to perform a wide variety of duties. In the area of special education, the administration of individualized standardized tests, criterion-referenced tests, or curriculum-based assessments is a professional responsibility.

Such testing should not be administered by a special education aide. Likewise, participation in Case Study Committee meetings (including those where an IEP is developed) is a professional responsibility which may not be delegated to a paraprofessional. The determination of appropriate instructional objectives for students, selection of curriculum materials and instructional techniques, and decisions on whether objectives have been attained are all responsibilities of the professional educator.

Personnel Development

Each school is responsible for ensuring that staff are appropriately trained in the areas to which they are assigned. Additionally, the school must:

1. Annually assess needs of its special education personnel.
2. Provide the school staff opportunities to participate in inservice education programs concerning services for the handicapped.
3. Evaluate each training activity to determine its effectiveness in improving the capabilities of special and regular education personnel to meet the needs of handicapped students.

The regional and CSA offices must make available the resources necessary to support school personnel development needs as identified in the annual needs survey.

PHYSICAL EDUCATION FOR HANDICAPPED STUDENTS

In the future, a section on this topic will be developed and distributed for inclusion in the Guide.

XVII

SERVING HANDICAPPED STUDENTS IN CAREER
AND VOCATIONAL EDUCATION PROGRAMS

In the future, a section on this topic will be developed and distributed for inclusion in the Guide.

XVIII

REGIONAL GUIDELINES

Any regionally developed special education guidance will be included in this section. It must be approved by ODS prior to insertion in this Guide.

XIX

SPECIAL EDUCATION CENSUS

In the future, a section on this topic will be developed and distributed for inclusion in the Guide.

XX

QUESTIONS AND ANSWERS

In the future, a section on this topic will be developed and distributed for inclusion in the Guide.

XXI

GLOSSARY

In the future, a section on this topic will be developed and distributed for inclusion in the Guide.

APPENDIX

Title

Index of Student Needs

Sample IEP Coversheet

INDEX OF STUDENT NEEDS

These needs should be used in responding to the "Nature and Severity of Handicapping Conditions" on the CSC Written Report, Eligibility. The CSC is not limited to the needs listed in this section.

Student Needs:

1. Specification of auditory proficiency
2. Ongoing monitoring of audiological status
3. Sound amplification
4. Training in tolerating and utilizing amplification
5. Visual presentations and modifications to supplement hearing status
6. Speech and language training related to hearing status
7. Lip reading instruction
8. Lip reading input
9. Manual signing instruction
10. Manual signing input
11. Total communication instruction
12. Total communication input
13. Specification of visual proficiency
14. Ongoing monitoring of visual status
15. Training in tolerating visual assistance aids
16. Magnification for printed materials
17. Illumination modifications
18. Paper or print color contrast
19. Enlarged print texts and materials
20. Raised print texts and materials
21. Tactile materials for information acquisition
22. Tape recorders for information acquisition due to visual acuity constraints

23. Talking books
24. An optacon for reading
25. Instruction in using stylus and slate for note taking
26. Instruction in braille
27. Braille input
28. Instruction in orientation and mobility
29. Specification of physical proficiency
30. Assistance in ambulation
31. Ambulatory devices and training in use, i.e., crutches, braces, rollators, prosthetics
32. To use and operate a wheelchair (manual or electric)
33. Support for sitting and/or alternative physical positions for classroom learning
34. Normalization of muscle tones
35. Lifting, carrying, and/or transferring assistance
36. Modified work surfaces, i.e., lap boards and tilted desks
37. To use graphomotor alternatives and/or adaptations, i.e., alternative graphics, hand styluses, head or mouth wands
38. Eating assistance or physical adaptations due to motoric characteristics
39. Dressing assistance or physical adaptations due to motoric characteristics
40. Toileting assistance or physical adaptations due to motoric characteristics
41. The development and construction of a manual communication board and means of indicating needs
42. To use a communication board or alternative communication mode (direct selection, scanning, or encoding devices)
43. Adaptations in physical education curricula due to motoric characteristics
44. Specification of emotional status

45. Ongoing clinical intervention for emotional integrity
46. To acquire inhibition of self stimulation
47. Instruction in appropriate interpersonal social skills and acceptable social mores
48. Instruction in appropriate usage of materials
49. Training in daily self-help skills; i.e., eating, dressing, and toileting due to non-physiologic causes
50. To develop alternative (non-oral) mode of communication due to non-physiologic causes
51. To use an alternative or non-oral communication mode due to non-physiologic causes
52. Facilitation of personality development
53. Instruction in rudimentary survival skills (breathing, swallowing, primitive reflexes)
54. Instruction in rudimentary social skills (social smile, eye contact, response to touch)
55. To acquire a means of responding to visual and auditory input (indication of environmental awareness)
56. To acquire physical and/or verbal self control (rumination, self-mutilation, crying)
57. Instruction in sensor-motor skills
58. Instruction in preacademic skills
59. Instruction in life experience programming
60. Instruction in use of leisure time
61. Specification of learning proficiency
62. Facilitation of arithmetic proficiency
63. Facilitation of reading proficiency
64. Facilitation of written expression proficiency
65. Facilitation of spelling proficiency
66. Facilitation of receptive language proficiency
67. Facilitation of expressive language proficiency

68. Facilitation of gross motor proficiency
69. Facilitation of fine motor proficiency
70. Facilitation of perceptual integration skills
71. Instruction in task strategies, organization, and completion
72. Instruction in functional academics and consumer skills
73. Instruction and experience in prevocational and career/related skills
74. Instruction in community living
75. Modifications in methods of instructional presentation and skill acquisition to accommodate preferred learning style
76. Specification of speech and language proficiency
77. To develop corrective breathing, swallowing, and eating patterns
78. Instruction in compensatory techniques for oral anomalies and organic disorders
79. To acquire prespeech skills
80. Facilitation of articulation proficiency
81. Facilitation of fluency
82. Remediation of voice disorders
83. Ongoing monitoring of effects of medication
84. Ongoing monitoring of existence of pain
85. Ongoing monitoring of the effects of fatigue

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS INDIVIDUALIZED EDUCATION PROGRAM (IEP)



STUDENT'S NAME: Karen Smith
 SPONSOR'S NAME: MSGT Joseph Smith
 SCHOOL: Sample E.S., Berlin

Date of Birth: 27 July 1977
 Date of Rotation: June 1986
 GRADE: 3

Signatures of Participants in the
 IEP Meeting: 19 Nov 1985

Joseph Smith
 (Parent/Guardian)

Adam Robinson
 (Principal/Designee)

Kathy Jones
 (Regular Teacher)

Mary King
 (Special Education Teacher)

Bill Kenney
 (RIS)

Parental Approval:

- (1) I acknowledge that I have received a copy of DoD Instruction 1342.12. My due process rights under the Instruction have been explained to me, and I understand them fully.
- (2) I agree/disagree (cross out one) with this IEP.
- (3) I have received a copy of this IEP.
- (4) I approve of the educational placement.

Joseph Smith
 Parent(s)/Guardian(s)

19/11/85
 Date

Unless indicated otherwise, all services are provided on an academic year basis.

School Authority Approval:

On behalf of the Sample Elem.

____ School, I approve this IEP.

☐ If the IEP is "to be implemented within a non-DoDDS facility," the certification required by paragraph E.1.b., enclosure 3, DoD Instruction 1342.12, is attached.

Adam Robinson
 Principal/Designee

Nov. 19, 1985
 Date

IEP Time Lines:

Program Entry Date:	Time in Regular Program
<u>20 Nov 1985</u>	<u>90%</u>
Review Date: <u>13 Dec. 1985</u>	<u>80%</u>
Review Date: _____	_____
Review Date: _____	_____
Annual Review Date: <u>17 NOV 1986</u>	_____

Parental agreement with major modifications

Initials	Date:

Three Year Reevaluation Date: 4 Nov 1988

Date of Termination of special education services: _____

Parent(s)/Guardian(s): _____

(1) Yellow Copy: Permanent School File
 (2) Salmon Copy: Parent's Copy

(3) Blue Copy: Special Education Teacher
 (4) Pink Copy: Regular Teacher

(5) Green Copy: Distribution Copy

Local Reproduction Authorized

Use DSF 2503 for Continuation Sheet

DS Form 2501

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BEST COPY AVAILABLE

June 1983 108

FORMS

<u>Title</u>	<u>Number</u>
Referral Log	A
Case Study Committee Written Report	B
Minutes of Case Study Committee Meeting	C
Child-Find Activities Documentation Sheet	D
Teacher Evaluation of Student - Elementary	E
Teacher Evaluation of Student - Secondary	F
Prereferral Activities Checklist	G
Prereferral Report Form	H
Formal Referral to CSC	I
Assessment Plan	J
Parent Permission to Assess	K
Protections in Evaluation	L
Invitation to Parents	M
Memorandum: (Provision of Related Services)	N

REFERRAL LOG

A

SCHOOL _____

PAGE _____

STUDENT NUMBER	STUDENT NAME	YR MO DY BIRTHDATE	YR MO DY DEROS

REFERRING PERSON (TITLE)	CURRENTLY SERVED BY DODDS	YR MO DY REFERRAL RECEIVED	YR MO DY DATE ENTERED SCHOOL	YES NO ENTERED WITH IEP

ENROLLMENT CATEGORY (DS FORM 100)	YES NO REFERRED TO ALTERNATE PROGRAM PRIOR TO ELIG. (LIST PROGRAM)	CASE MANAGER (NAME)	YR MO DY PERMISSION TO ASSESS (SENT)

YR MO DY PERMISSION TO ASSESS (SIGNED)	YR MO DY INVITATION TO ELIGIBILITY MEETING (PARENT SIGNED)	YR MO DY ELIGIBILITY MEETING (DATE)	YES NO ELIGIBLE FOR SPECIAL EDUCATION

REFERRED TO ALTERNATE PROGRAM (LIST)	YR MO DY INVITE TO IEP (PARENT SIGNED)	IEP MEETING (DATE)	YR MO DY PROGRAM ENTRY	YR MO DY REVIEW DATE

YR MO DY REVIEW DATE	YR MO DY REVIEW DATE	YR MO DY REVIEW DATE (THREE YEAR)	

YR MO DY REQ. FOR MEDIATION	YR MO DY MEDIATION OCCURRED	YES NO ISSUE RESOLVED	

CASE STUDY COMMITTEE
WRITTEN REPORT

School

- Eligibility -

Student's Name: _____ Birth Date: _____

Teacher: _____ Grade: _____

Date of Referral: _____ Date of CSC Meeting: _____

Nature and Severity of Handicapping Condition:

Review of Diagnostic Evaluation:

Student's Current Academic Progress:

Information From Parents/Guardians, Students:

Learning Style Information:

Eligibility Determination:

A. Educational Deficit(s)

B. The Deficit(s) Appear to be (Mild), (Moderate), (Severe),
(Not Significant).

C. Eligibility (Check One)

_____ * Student has been declared handicapped and is eligible for special education and related services utilizing criterion _____ of the DoDDS eligibility criteria (DSAI 2500.9).

_____ * Student does not meet DoDDS eligibility criteria for special education and related services. However, student is found in need of specialized assistance and may be served in special education if space is available.

_____ * Student does not meet DoDDS eligibility criteria for special education and related services nor is student in need of specialized services at this time.

_____ * Student was determined to be eligible for the _____ program. (ESL, Reading Improvement, Compensatory Education, etc.)

*INDIVIDUAL EDUCATION PROGRAM (An IEP is required for placement in special education and related services of all handicapped students):

The IEP development meeting will be held on _____ at _____
(date) (time)
_____(location).

CASE STUDY COMMITTEE: The following CSC Members were present during the Eligibility Determination meeting:

Signature of Parent

Signature of Administrator

Signature of Classroom Teacher

Signature of Special Ed. Teacher

Signature of:

Signature of:

Signature of:

Signature of CSC Chairperson

MINUTES OF CASE STUDY COMMITTEE MEETING

School

STUDENT _____ DATE OF COMMITTEE MEETING _____

Signatures of Committee Members Present
(Name & Title):

Purpose of CSC Meeting: _____

SUMMARY OF CSC DISCUSSION AND DELIBERATIONS:

SIGNATURE OF CSC RECORDER

SIGNATURE OF CSC CHAIRPERSON

Use back if necessary

(Optional)

Child-Find Activities Documentation Sheet

D

School

	<u>Activity</u>	<u>Other Cooperating Agency</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

* Have the regular education teachers been made aware of Child-Find Activities?

TEACHER EVALUATION OF STUDENT

E

School _____

- Elementary -

This student has been identified as having some learning difficulties. The teacher should confer with the appropriate resource specialists in completing the form. Parents may review and obtain a copy of this document.

STUDENT _____ GRADE _____ DATE _____

TEACHER _____ GRADE RETENTION: YES () NO ()
(Grade _____)

DOB: _____

IF RECEIVING SPECIAL SERVICES INDICATE: _____

RATE THE ITEMS: S = Strength, AVG = Average, W = Weakness, or NA = Not Applicable

I. PHYSICAL DEVELOPMENT AND COORDINATION

	<u>S</u>	<u>AVG</u>	<u>W</u>	<u>NA</u>
1. Gross motor coordination and balance	()	()	()	()
2. Fine motor coordination	()	()	()	()
3. Writing legibility	()	()	()	()

II. SPOKEN LANGUAGE

1. Repeats details learned in class discussion	()	()	()	()
2. Vocabulary for age and grade	()	()	()	()
3. Speaks in grammatically correct sentences	()	()	()	()
4. Expresses ideas by telling them in organized, meaningful manner	()	()	()	()

III. AUDITORY MODE

1. Recognizes sounds of letters or words	()	()	()	()
2. Can tell whether sounds are alike or different	()	()	()	()
3. Can blend sounds	()	()	()	()
4. Follows oral directions	()	()	()	()

IV. VISUAL MODE

1. Sequences visual data properly	()	()	()	()
2. Transfers data from chalkboard to paper accurately	()	()	()	()
3. Head positioning appropriate	()	()	()	()
4. Profits from visual model	()	()	()	()

(Optional Form - May Be Required By CSC)

V. MEMORY

<u>S</u>	<u>AVG</u>	<u>W</u>	<u>NA</u>
()	()	()	()
()	()	()	()

1. Recalls names, words, basic number facts
2. Recalls directions and assignments

VI. READING

Reading Test Level _____ Reading Text _____ Gr. Eq. _____

- | | | | | |
|---|-----|-----|-----|-----|
| 1. Basic sight vocabulary | () | () | () | () |
| 2. Reads key words in content area | () | () | () | () |
| 3. Phonics and word attack skills | () | () | () | () |
| 4. Reads sentences and paragraphs | () | () | () | () |
| 5. Recognizes and self-corrects reading errors | () | () | () | () |
| 6. Silent reading rate | () | () | () | () |
| 7. Reads to locate facts and details | () | () | () | () |
| 8. Makes inferences and generalizations | () | () | () | () |
| 9. Comprehends word meanings in subject content | () | () | () | () |

VII. WRITTEN LANGUAGE

- | | | | | |
|--|-----|-----|-----|-----|
| 1. Copies work from chalkboards and text materials | () | () | () | () |
| 2. Writes words without letter reversals or omissions | () | () | () | () |
| 3. Rate of copying printed materials | () | () | () | () |
| 4. Takes notes from teacher presentations | () | () | () | () |
| 5. Writes coherent sentences using simple grammatical structures | () | () | () | () |
| 6. Uses punctuation and capitalization | () | () | () | () |
| 7. Expresses ideas or themes in writing | () | () | () | () |
| 8. Spelling | () | () | () | () |

VIII. MATHEMATICS

Math test _____ Date _____ Results _____

- | | | | | |
|--|-----|-----|-----|-----|
| 1. Solves basic operations: | () | () | () | () |
| a. Addition | () | () | () | () |
| b. Subtraction | () | () | () | () |
| c. Multiplication | () | () | () | () |
| d. Division | () | () | () | () |
| 2. Uses concepts of measurements, sizes, distances | () | () | () | () |
| 3. Solves written math problems | () | () | () | () |
| 4. Computes fractions, decimals, and percentages | () | () | () | () |

IX. ORIENTATION	<u>S</u>	<u>AVG</u>	<u>W</u>	<u>NA</u>
1. Judges distance, space, and size	()	()	()	()
2. Reads maps, graphs, and diagrams	()	()	()	()
3. Finds way around school and community	()	()	()	()
4. Distinguishes right, left, north, south, east, and west	()	()	()	()
5. Tells time	()	()	()	()
6. Identifies beginning, end, first, and last	()	()	()	()

X. SOCIAL RELATIONS				
1. Relates to students	()	()	()	()
2. Relates to adults	()	()	()	()
3. Follows rules	()	()	()	()
4. Sensitive to others' feelings	()	()	()	()
5. Demonstrates tactfulness	()	()	()	()
6. Learns from mistakes	()	()	()	()
7. Shows impulse control	()	()	()	()
8. Willingness to adjust behavior	()	()	()	()

XI. CLASSROOM BEHAVIOR				
1. School attendance	()	()	()	()
2. Alertness	()	()	()	()
3. Excitability	()	()	()	()
4. Flexibility	()	()	()	()
5. Completes assignments	()	()	()	()
6. Works independently	()	()	()	()
7. Distractability	()	()	()	()
8. Motivation	()	()	()	()
9. Response to new material	()	()	()	()
10. Activity level	()	()	()	()

XII. MEDICAL INFORMATION	<u>YES</u>	<u>NO</u>
1. Does student have diagnosed physical disability?	()	()
2. To your knowledge, is student taking medication?	()	()
3. Does student have frequent physical complaints?	()	()
4. Do you suspect hearing or visual problems?	()	()

XIII. ADDITIONAL TEACHER COMMENTS

Did a discussion with the student about behavior or learning:

1. () Reveal an awareness and concern about the problem?
2. () Indicate a desire to change?
3. () Other comments _____

TEACHER EVALUATION OF STUDENT

 School

- Secondary -

This student has been identified as having some learning difficulties. This form will be used by the CSC in planning strategies for change and will assist the CSC in determining the need for assessment. The teacher should confer with resource teachers, parents, nurse, counselor, etc., in completing this form. Parents may review and obtain a copy of this document.

Student _____ Grade _____ Date _____

Teacher _____ Subject _____

Rate the following items: S=Strength, AVG=Average, W=Weakness, NOB=Not Observed

I. PHYSICAL DEVELOPMENT AND COORDINATION	S	AVG	W	NOB
1. Gross motor coordination	()	()	()	()
2. Fine motor coordination	()	()	()	()
3. Writing legibility	()	()	()	()
II. SPOKEN LANGUAGE				
1. Repeats details learned in class discussions	()	()	()	()
2. Vocabulary adequate for age and grade	()	()	()	()
3. Speaks in grammatically correct sentences	()	()	()	()
4. Expresses ideas by relating them in an organized, meaningful manner	()	()	()	()
III. MEMORY				
1. Recalls names, words, basic numbers facts	()	()	()	()
2. Recalls directions and assignments	()	()	()	()
IV. READING				
1. Possesses basic sight vocabulary	()	()	()	()
2. Reads key words in content areas	()	()	()	()
3. Possesses phonics and word attack skills	()	()	()	()
4. Recognizes and self-corrects reading errors	()	()	()	()
5. Silent reading rate	()	()	()	()
6. Reads to locate facts and details	()	()	()	()
7. Makes inferences and generalizations	()	()	()	()
8. Comprehends word meanings in subject content	()	()	()	()

V. WRITTEN LANGUAGE		<u>S</u>	<u>AVG</u>	<u>W</u>	<u>NOB</u>
1.	Copies work from blackboards and text materials	()	()	()	()
2.	Writes words without letter reversals or omissions	()	()	()	()
3.	Rate of coping printed materials	()	()	()	()
4.	Takes notes from teacher presentations	()	()	()	()
5.	Writes coherent sentences using simple grammatical structures	()	()	()	()
6.	Uses punctuation and capitalization	()	()	()	()
7.	Expresses ideas or themes in writing	()	()	()	()
VII. MATHEMATICS					
1.	Solves basic operations:				
	a. Addition	()	()	()	()
	b. Subtraction	()	()	()	()
	c. Multiplication	()	()	()	()
	d. Division	()	()	()	()
2.	Uses concepts of measurements, size, and distance	()	()	()	()
3.	Solves written math problems	()	()	()	()
4.	Computes fractions, decimals, and percentages	()	()	()	()
VII. ORIENTATION					
1.	Judges distance, space, and size	()	()	()	()
2.	Reads maps, graphs, and diagrams	()	()	()	()
3.	Distinguishes right-left and north-south relationships	()	()	()	()
IX. SOCIAL RELATIONS					
1.	Relates to students	()	()	()	()
2.	Relates to adults	()	()	()	()
3.	Follows rules	()	()	()	()
4.	Sensitive to others feelings	()	()	()	()
5.	Demonstrates tactfulness	()	()	()	()
6.	Learns from mistakes	()	()	()	()
7.	Shows impulse control	()	()	()	()
X. CLASSROOM BEHAVIOR					
1.	Attendance	()	()	()	()
2.	Alertness	()	()	()	()
3.	Flexibility	()	()	()	()
4.	Excitability	()	()	()	()
5.	Degree of happiness	()	()	()	()
6.	Completes assignments	()	()	()	()

	<u>S</u>	<u>AVG</u>	<u>W</u>	<u>NOB</u>
7. Works independently	()	()	()	()
8. Distractability	()	()	()	()
9. Motivation	()	()	()	()
10. Response to new material	()	()	()	()

XI. MEDICAL INFORMATION

YES NO

1. Does student have diagnosed physical disability? () ()
2. To your knowledge, is student taking medication? () ()
3. Does student have frequent physical complaints? () ()

XII. ADDITIONAL COMMENTS

Did a discussion with the student about behavior or learning:

1. Reveal an awareness and concern about the problem? () ()
2. Indicate a desire to change? () ()
3. Result in a plan of action? () ()

If so, explain plan and result on the Prereferral Form.

If the parents were contacted for a discussion of student needs indicate below:

1. By phone - Date _____ () ()
2. By letter - Date _____ () ()

Contact made by _____

PREREFERRAL ACTIVITIES CHECKLIST

G

School

Student

Teacher

Date

This form must be completed by placing a check () next to accomplished activities. While it is not necessary to complete all activities, sufficient activities must be accomplished to justify a referral. This checklist and the Prereferral Report Form must be completed prior to the submission of the referral.

- _____ 1. Elicited information regarding student's successful and unsuccessful learning styles and settings.
- _____ 2. Brainstormed with co-teachers asking for suggestions that have worked well for them in similar situations.
- _____ 3. Met with parent(s) and discussed student's current and past performances.
- _____ 4. Consulted with resource educator(s), e.g., RIS, TAG, special educator.
- _____ 5. Collected recent examples of student's classroom work.
- _____ 6. Requested classroom observation by another teacher or resource educator.
- _____ 7. Identified, in writing, the student's specific academic problem(s).
- _____ 8. Collected specific written information relative to student's academic skill levels.
- _____ 9. Collected specific information regarding social/interpersonal behaviors.
- _____ 10. Consulted with counselor about student's behaviors.
- _____ 11. Developed with assistance of resource person, a behavior management plan.
- _____ 12. Developed and implemented instructional strategies with assistance of resource educator.
- _____ 13. Consulted with medical personnel.
- _____ 14. Other (Specify) _____

This form must be completed and attached to the Prereferral Report Form.

PREREFERRAL REPORT FORM

H

School

Student

Grade

School

Teacher

Class or Subject

Date

Directions: This is a form that teachers should use throughout the prereferral process to summarize the strategies used to resolve a student's problem.

Description of Problem(s):

Plan/Strategies:

Other Educators Involved:

Results:

This form must be completed and attached to the Formal Referral Form.

FORMAL REFERRAL TO CSC
(Completed by Referring Person)

STUDENT'S NAME _____ DATE OF BIRTH _____
Yr Mo Day
GRADE _____ MALE _____ FEMALE _____
SCHOOL _____ TEACHER _____
PARENTS/GUARDIANS _____ TELEPHONE _____
Home _____
Duty _____
DEROS DATE _____ LANGUAGE SPOKEN IN THE HOME _____
REFERRING PERSON _____ DATE SUBMITTED TO CSC _____

PARENT NOTIFICATION
(To be completed by referring person)

Date of Contact _____
Yr Mo Day
Name of Parent/Guardian Contacted _____

Contacted by _____
(Name of person)
=====

METHOD OF CONTACT
____ Telephone
____ Letter
____ In Person

Remainder of Form Completed by CSC Chairperson

REFERRAL ACCEPTED _____

Action Taken _____

ENTERED IN LOG _____
Yr Mo Day

REFERRAL REJECTED _____

Reason for rejection and recommendation: _____

Referring person informed of disposition _____
Date

CSC Chairperson

Note: Prereferral Activities Checklist, Prereferral Report Form, and supporting documents must be attached.

J

ASSESSMENT PLAN

Student's Name _____ School _____

A. Summary of tests/procedures to be employed.

Test/Procedures	Person Responsible	Estimated Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Specify members of multidisciplinary team.

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Attach copies of all written reports to this form.

DATE COMPLETED _____ CASE MANAGER _____

(REQUIRED)

PARENT PERMISSION TO ASSESS

K

School

Date: _____

Dear _____:

In an effort to provide your child, _____, with a more effective educational program, current assessment information is required.

Your child has been referred for assessment for the following reasons:

Our plan for assessment includes individualized testing administered by qualified personnel in the following areas:

TYPE OF TEST/PROCEDURES

- | | |
|---|--|
| ☐ Motor Development | ☐ Achievement Tests |
| ☐ Intellectual/Ability Tests | ☐ Language/Speech Assessment |
| ☐ Adaptive Behavior Assessment | ☐ Learning Impairment Assessment |
| ☐ Visual/Auditory Screening | ☐ Vocational/Prevocational Assessment |
| ☐ Other _____ | |

This permission extends from _____ to _____, but not to exceed 45 school days.

I hereby give consent for the described assessments to be conducted for my child. My consent is voluntary and may be revoked through a written statement to the school principal.

I understand that the results of the evaluation will be treated confidentially and that I have access to test reports concerning my child. I acknowledge that I understand the "Explanation of Assessment Instruments/Procedures" on the reverse side of this form.

I understand and have received copies of: (1) "Department of Defense Instruction 1342.12", which gives an overview of the DoDDS special education programs and explains my due process rights and (2) this form, including the "Protections in Evaluation."

DATE

PARENT OR GUARDIAN SIGNATURE

If you have any questions or concerns about the assessment, contact

_____ at _____.
(Case Manager) (Telephone)

PLEASE RETURN THIS FORM TO _____. RETAIN ONE COPY (ATTACHED) FOR YOUR RECORD.

EXPLANATION OF ASSESSMENT INSTRUMENTS/PROCEDURES

MOTOR DEVELOPMENT ASSESSMENT measures the student's current physical status.

ACHIEVEMENT TESTS measure the knowledge and/or skills an individual has acquired, usually as a result of past formal and informal learning experiences.

INTELLECTUAL/ABILITY TESTS provide information about an individual's verbal, performance, and intellectual functioning.

LANGUAGE/SPEECH ASSESSMENT instruments evaluate the individual's language and speech development, and performance in these areas.

ADAPTIVE BEHAVIOR ASSESSMENT instruments indicate socio-emotional maturity and capacity to cope with the environment.

LEARNING IMPAIRMENTS ASSESSMENT provides information about an individual's perceptual skills to determine if there are any learning difficulties due to these factors.

VISUAL/AUDITORY SCREENING TESTS measure the student's acuity.

VOCATIONAL/PREVOCATIONAL ASSESSMENT instruments assess the student's interest and aptitude in a variety of job related skills.

L

PROTECTIONS IN EVALUATION

Assessment materials, evaluation procedures, and tests shall be:

- a. Racially and culturally nondiscriminatory.
- b. Administered in the native language or mode of communication of the child, unless it clearly is not feasible to do so.
- c. Validated for the specific purpose for which they are used or intended to be used.
- d. Administered by qualified personnel, such as a special educator, school psychologist, speech therapist, or a reading improvement specialist, in conformance with the instructions provided by the producers of the testing instruments.
- e. Administered in a manner so that no single procedure is the sole criterion for determining an appropriate educational program for a handicapped child.
- f. Selected to assess specific areas of educational need, not merely to provide a single general intelligence quotient.

The evaluation shall be conducted by a multidisciplinary team or group of persons from multiple disciplines, and shall include a teacher or other specialist with knowledge in the area(s) of suspected disability.

The child shall be evaluated in all areas related to the suspected disability. When necessary, the evaluation shall include:

- a. The current level of functioning (academically, socially, and intellectually).
- b. Visual and auditory acuity.
- c. Observation in an educational environment.
- d. Current physical status, including perceptual and motor abilities.
- e. Vocational educational assessment.

(REQUIRED)

INVITATION TO PARENTS

M

Date _____

Dear Parents:

The Case Study Committee at _____ School request that you attend and participate in a meeting concerning your child,

_____, at _____ on _____
(FULL NAME) (TIME) (DATE)
at _____
(LOCATION)

The purpose of this meeting is to: (CHECK AS APPROPRIATE)

- _____ 1. Review the results of recent assessments.
- _____ 2. Determine your child's eligibility or ineligibility for special education and related services.
- _____ 3. Plan your child's Individualized Education Program (IEP) if your child is eligible for special education services.
- _____ 4. Discuss possible changes in your child's program.
- _____ 5. Conduct an annual review of your child's program.
- _____ 6. Other: _____.

For your further information, the following people will be attending this meeting: (CHECK AS APPROPRIATE)

_____ School Administrator	_____ School Nurse
_____ Counselor	_____ Social Worker
_____ Special Education Teacher	_____ Reading Improvement Specialist
_____ School Psychologist	_____ Compensatory Education Teacher
_____ Classroom Teacher	_____ Speech Therapist
_____ Other: _____	

If you wish, your child and any other individual may attend the meeting with you. If this date is not convenient, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

(NAME)

(PHONE NUMBER)

_____ Yes, I will be present for the meeting.

_____ No, I cannot be present for the meeting. I will call you to arrange another time.

(PARENT'S/GUARDIAN'S SIGNATURE)

(DATE)

Please return one copy of this form to _____ by _____,
(CASE MANAGER) (DATE)
and retain one copy (attached) for your record.

(REQUIRED—2 COPIES)

N

SCHOOL NAME

MEMORANDUM TO:

SUBJECT: PROVISION OF RELATED SERVICES FOR _____

In accordance with DoDI 1342.12, the Case Study Committee (CSC) at

_____ requests the assistance of your staff for the following activity:

_____ (1) Evaluation of the student (areas listed): _____

_____ (2) Attend eligibility/IEP meeting (date, time, place): _____

_____ (3) Provide related services in accordance with the student's Individualized Education Program (Service, Frequency) _____

_____ (4) _____

Please contact _____ at _____ in reference to the above checked activities. The person(s) providing related services is (are) considered to be member(s) of the student's CSC and will be invited to attend annual review sessions and other student-specific activities.

Sincerely,

CSC Chairperson
(Case Manager)

This is an optional form letter. Every school should have a similar mechanism for communicating with the military medical facility. Please coordinate your form with the CSA office. Retain a photocopy in the student's special education folder.

(FORM OPTIONAL--CONCEPT REQUIRED)

ISSUANCES

Title

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.